A Sketch
OF THE
INFLUENCES EXERCISED BY THE STATE OF HEALTH, PAST AND PRESENT, ON THE PRODUCTION AND COURSE OF DISEASE.

Excerpt from the Lectures on General Pathology delivered at University College, London,

BY W. H. WALSHE, M.D.,
LATE PROFESSOR OF MEDICINE AND OF CLINICAL MEDICINE, ETC.

GENTLEMEN,—Continuing to-day our examination of Acquired Predisposing Causes of Disease affecting Individuals, I propose to direct your attention to a department of the subject which has scarcely, in its entirety, attracted the notice it seems to deserve: I mean the influences exercised by the past and present state of health of the individual on the development of disease. We will examine briefly the different manners in which the past and present physiology and pathology of the body prepare it for or guard it against diseases to the exciting causes of which it may be exposed. It is well I should premise that, though anything I may say will be in the main matter of direct inference from observed facts, I shall venture occasionally into the region of cautious conjecture. But in regard of any hypothetical statement, I will only solicit consideration, not enjoin belief, and freely allow you to forget for the nonce your part of the old maxim, *oportet discentem credere, edoctum dubitare.*

In order to avoid the necessity of returning to the subject in other divisions of the course, I will take up to-day the connexion of past health with subsequent disease in all its possible varieties—*causative, preventive, curative,* and simply *modifying.* The possible contingencies are shown in the table I place before you, and on its different heads I now proceed to comment.

PRE-EXISTING STATE OF HEALTH.

- **I. GOOD: influencing**
  - (*A*) Diathetic diseases—e. g., cancer.
  - (*B*) Acute specific diseases—e. g., typhoid fever; cholera; yellow fever; plague; syphilis.
- **II. "BELOW PAR": influencing**
  - (*A*) Inflammations.
  - (*B*) Nervous diseases.
  - (*C*) Diathetic diseases.
  - (*D*) Acute specific diseases.
- **III. SPOILED BY ACTUAL DISEASE EXISTING OR HAVING EXISTED.**
  - (*A*) An old disease causes or increases tendency to a new disease.
    - (*a*) First and subsequent diseases the same.
      - (1) Recurrence a part of the fully-evolved disease.
      - (2) Recurrence almost a part of the fully-evolved disease.
      - (3) Recurrence not clearly a part of the complete disease.
      - (4) Recurrence certainly not a character of the complete disease.
    - (*b*) First and subsequent diseases different.
  - (*B*) A new disease cures an old one.
  - (*C*) Cure of an old disease induces a new one.
  - (*D*) Old disease prevents new disease.
    - (1) A disease prevents its like.
    - (2) One kind of disease prevents another kind.
  - (*E*) Past disease modifies new disease.
    - (1) Same disease.
    - (2) Other disease.
  - (*F*) Diathetic states modify intercurrent diseases.

At the moment of his exposure to the direct exciting causes of disease, the health of any given individual can only by possibility be in one of the three following conditions: (I.) it may be *good*; (II.) it may be *below par*, no visible, tangible diseased actions going forward; or (III.) *actual disease* has set its typical mark on the organism.

I. HEALTH GOOD.—It may on first thought appear sufficiently absurd to speak of a good state of health as a predisposing cause of disease; although even in popular phrase and non-professional adage there exists some warranty for the notion. How common, in truth, is it to hear the remark from patients labouring under some grave malady, "I never was so well in my life as when first seized with the symptoms of my complaint." "'Twas the common observation of my friends, they had never seen me looking so well"; *et alia similia.* Now there is often some show of truth in seeming paradoxes that have received the stamp of popular belief. Is there, or is there not, any in the present instance?

(*A*) *Diathetic Diseases.*—Among diathetic diseases a ready illustration presents itself in the history of cancer. It is an unquestionable fact that cancer occasionally not only makes itself manifest, but actually originates, while the patient is in robust health; and this not only judging from the individual's sensations and general appearance, but from close investigation of the functions and physical state of all the organs. The diathesis may be for an undetermined length of time active, while no appreciable deviation from the standard of health exists. Grant that the organ about to become the nidus of cancer is one non-essential to life, or feebly essential to life—say the mamma or the uterus after the child-bearing period,—and such maintenance of the general health, before and at the very earliest periods of local manifestation, becomes, I affirm, rather the rule than the reverse.*

(*B*) *Acute Specific Diseases.* — From many different points of view, it is a question of great importance to determine whether seizure by epidemic, infectious, and contagious diseases is obstructed or promoted by an existing good state of health.

(*a*) Look first at the history of *Typhoid Fever.* Who are its ordinary victims? Young and healthy persons, recently arrived in large towns from the country, the flush of rural vigour often as perceptible on their cheeks as while they still trudged their native fields.† In 429 cases of typhoid fever collected by Dr. Davidson, only 10 were found in an emaciated or unhealthy condition, and "almost all, as far as could be ascertained, were engaged in their ordinary occupations at the time of seizure." Every well-ordered record I have met of the post-mortem examinations of typhoid patients proves the extreme rarity of disease of any other kind in their bodies. Strength of constitution, and total freedom from exhaustion of all kinds, were quite as common as the reverse among the patients furnishing the groundwork of the model treatise of Louis.‡

(*b*) *Cholera Asiatica* furnishes yet more striking evidence

* The original statement of this view was, as I believe, made by Bayle in the early part of this century. It was adopted and taught by Recamier, and I heard it first from the lips of his pupil, Trousseau.

† Not only is the number of seizures highest among such persons, but the mortality among those seized is disproportionately high. Thus Chomel found 31·37 per cent. of deaths among patients who had spent less than twelve months in Paris, while it fell to 6·66 among those domiciled there upwards of two years.

‡ Affection Typhoïde, vol. ii., p. 456, ed. i.

of a similar kind. In various epidemics, dissection has not only proved that the intestines themselves were perfectly free from pre-existing disease, but that the complaint spared those affected either with acute or with actively progressive chronic disease; while it had, on the contrary, seized on people in a state of perfect health, or, at least, in the retrograde stages of chronic affections.* There are constantly to be seen in the Calcutta hospitals the healthiest specimens of the vigorous Affghan, noted among Indian races for power and fine coloration. A fact not unworthy our passing notice is, that Alexis St. Martin, on whose perforated stomach Dr. Beaumont instituted his celebrated experiments, was "in the midst of the cholera epidemic in Canada, and withstood its ravages, while hundreds around him fell sacrifices to its fatal influence."†

And hence I entertain little doubt, paradoxical as it may seem, that, at a time of outbreak of cholera in any given community, it would be safer on the part of insurance companies to accept proposers having a distinctly demonstrable disease (not directly tending towards death) than those perfectly healthy models whom it is their usual ambition to secure.

(*c*) *Yellow Fever.* — Mosely, one of the most faithful historians of yellow fever, says the most likely victims are "that sort of strong, full, youthful people with tense fibre, who in England are said to resemble the picture of health."‡

(*d*) *Plague.*—So, too, plague repeatedly falls upon the young and healthy; though it cannot of course be questioned that oftentimes the disease follows, like typhus, in the wake of famine, and then must be supposed, as matter of necessity, to prey in the main upon enfeebled and exhausted organisms. It is not merely a matter of popular faith, but a notion accredited by so competent an observer as Clot Bey, that wounds protect against this disease.

(*e*) *Syphilis.*—Look, again, at facts concerning syphilis. Those who have most experience of the disease admit that the intensity of the manifestations of the virus is certainly as great, and often greater, in the robust and thoroughly strong than in the weakly and debilitated. Just as in the remarkable experiments of Hannover on the muscardine disease in the silkworm, the strongest worms most readily took the disease by inoculation, and produced the largest quantities of inoculable material. So, again, we may appeal to some curious facts in the evolution of scabies. The ordinary incubation-period in childhood runs to about four or five days; but if the child be weak and feeble the period lengthens considerably, while in the very strong and robust it shortens greatly, not exceeding a day or two.§

Admitting, then, for argument's sake, that a state of good health acts attractively in regard of the poisons of certain of the acute specific diseases, what explanation of the fact can be tendered? I presume this is a problem incapable of solution at the present day; but it may reasonably be surmised that the blood in its normal condition may be more favourable to the process of zymosis (whatever this may be ultimately proved to be) than when in a state of more or less marked alteration. At all events there are no established facts that I know of hostile to such a view. As to explanation of grave diathetic disease chosing for its nidus a healthy, in preference to an unsound, organism, I have not even a surmise to place before you.

II. HEALTH BELOW PAR.—The condition of health designated familiarly by the phrase "below par" is one more easily understood than defined. Whatever be the cause of this state (overwork with the brain, sexual abuse, sleeplessness, prolonged grief, excess of bodily exertion, insufficient or unwholesome food, &c.), the general debility, feeble functional force, sluggishness of nutritive acts, and falling weight that characterise it, are supposed to constitute a sum total giving those exhibiting it a strong proclivity to diseases of all kinds. It is supposed that such persons will become the subjects of any given disease under the influence of an amount of the exciting cause which would wholly fail to produce it in perfectly healthy people. This notion is not only matter of popular creed, but has over and over again, and even in some of the most recent monographs on epidemic diseases, been authorised by medical writers. Now there in no danger in affirming that the proposition stands on no evidence, statistical or other, worthy of serious attention. Observers will doubtless be ready to come forward and affirm, in a more or less decided fashion, that there has been a great excess of persons whose health had long stood "below par" among their patients suffering from various classes of disorder. But, admitting this to be true, does it prove much? I rather think not. For suppose any given physician has had among his patients twice as many persons whose health, previous to the occurrence of downright disease, had been "below par" as persons of sound and healthy antecedents, it might be, for aught he knew to the contrary, that the population furnishing these patients contained amongst it four or five times as many individuals whose habitual health was "below par" as sound and good; and if this were the case, the "below par" state would actually play the part of a protective agent. Or, to approach the question from another direction, who has ever really proved that the occurrence of visceral inflammations is promoted by feeble vital activity? If inflammation occur in such persons, doubtless a particular character is impressed upon it—it assumes a low or asthenic type. But the point is, to show that of one hundred persons in rude health a less proportion will suffer, under the same amount of exciting cause, from inflammation than of one hundred others in all respects alike, except that their standard of health had undergone more or less serious reduction. Now, this has never yet been done.

(*B*) Lowered general tone and enfeebled vitality will probably favour the outbreak of nervous diseases. Thus, shock to the affections, by lessening appetite and perverting digestion, establishes a state of general weakness, which facilitates the occurrence of hysteria; but, on the other hand, the most violent and persistent forms of the complaint are often witnessed in women powerful in frame and vigorous in health.

(*C*) Nor is the evidence really more convincing in regard of diathetic diseases, as a group,—though, I confess, more staggering in regard of some of the number, and overwhelming in regard of others.

Take so-called "Bright's disease," for instance (the diathetic and non-local nature of which affection has, as you know, long been professed by me*), when it occurs in a quasi-idiopathic, and acute form, and when the hour of its active origin may be fixed to a nicety. Now although, as a necessity of the diathetic hypothesis, it must be conceded something has gone intrinsically wrong in the blood-making and histogenetic processes before local manifestations make themselves felt, the subjects fixed upon for such intrinsic defective action are not necessarily people "below par." On the contrary, the first symptoms may make their appearance in the midst of a state of apparently irreproachable health in vigorously constituted males. Nor is there a tittle of evidence to show that a "below par" state is a favouring condition of the development of cancer, or of gout, or of glycohæmia. As to the latter affection, I have more than once known its first clinical indications appear in country gentlemen while pushing the sports of the field to the uttermost point, and eating, drinking, and to all seeming, as regards their subjective and objective well-being, digesting in perfection.

What, under the present aspect, is to be said of tubercle? It has long been a favourite theory of practical physicians that there exists a special form of association of slight functional disturbances, making up a "premonitory stage" of consumption. In this stage, preluding the actual deposit of tubercle, some deep fault or other was held to affect primary digestion and the blood-making and tissue-making processes. Amid much that was hazy, vague, or even erroneous in the reasonings and the imaginary observations of our predecessors, there stood out the practical proposition, that before the occurrence of downright physical signs, the perfection of health had departed—the diathesis was, if I may use the expression, *up and doing*. By some a feeble effort was further made to frame groups, more or less fanciful, of dyspeptic symptoms (some form of "foul tongue" invariably holding a leading position among them) putatively significant of the inevitably coming pulmonary consumption.

With the progress of things efforts have tended to give greater precision to these rough notions. And one of the notable results appears in the desire to prove that the so-

* See, among other evidence, that of Gairdner, Edin. Monthly Journal, July, 1848.

† Beaumont: Experiments &c., p. 20.

‡ Bartlett on Fevers, p. 459.

§ Cazenave: Diseases of the Skin (English translation), p. 97.

* THE LANCET, excerpt from Clinical Lecture, July, 1849.

called "premonitory stage" constitutes in very fact the "true first stage" of the disease. As far as the nomenclature goes, there is nothing in the innovation to cast a slur on the acumen of our forefathers. The whole affair is, in truth, a mere dispute of words. For those observant predecessors held that the "premonitory stage" was a condition of things involving, as a necessity, further evolution—advancement, in a word, to the fully formed disease. They believed, in other terms, that the dyspeptic group they marked "*premonition*" was, as matter of fact, "*incipient actuality.*"

The real difference between the combatants for a "premonitory" and for a "true first" stage, consists in the more precise notion the advance of knowledge has enabled our contemporaries to give of what actually constitutes the one or the other. Dwindling fat, failing weight, impaired strength, modified temperature, and perverted innervation—the incipient group of the pathologist of the present day—is a definite combination, announcing, in the majority of cases, the commencing mischief of tuberculisation, destined to run its habitual course.

Now I have no hesitation in saying that I accept the doctrine of those who teach that the group of conditions just put together announces, not the imminence more or less sure, but the actual presence, of the disease. But the difficulty remains, that it is not now, nor conceivably will it ever become, possible to fix the moment when the actual deposition of the first particle of tubercle occurs. Where is the demonstration that in the "premonitory" or "true first" stage (call it which you will) actual tubercle is not as early in the field as the asserted evidence of the stage itself? To demonstrate that it is *not* would require—

First, that the characters of the said stage were solidly fixed and capable of positive diagnosis.

Secondly, that it was shown the like combination of characters was foreign to the outbreak of all other diseases. In the present state of knowledge, we are not able to affirm that everyone who loses fat, undergoes a change in the distribution and activity of his calorification, and gets weak, is necessarily on the high road to tuberculous destruction of his lung-substance.

Thirdly, that, through accidental contingencies, deaths should occur in goodly number during this stage, so that in process of time an imposing mass of post-mortem evidence might be appealed to, proving in such cases the uniform absence of a particle of tubercle.

I need hardly say that nothing of all this has ever yet been established or ever yet been done.

But, gentlemen, in glancing at this moot question in the present place, I have wandered into a sort of digression. For, in point of fact, it matters little in the investigation before us whether the "premonitory" or "true first" stage view is destined to carry the day; our point is to ascertain whether the earliest manifestations of morbid activity, however the group be designated, that culminate in phthisical destruction, set in more frequently and more readily in persons whose health is "below par," or in those in whom it is "good." Of course, we know what the unhesitating answer would commonly be to a question of this sort. Probably it may be looked on as a piece of daring medical heresy to utter a word calculated to shake the time-honoured dogma of the intimate and necessary dependence of tuberculous disease on pravity of constitution—a "below par" state induced by over-toil, excesses of various kinds, wearing anxiety, &c. But many a long-accredited notion has proved but a fable in the end; and the present dogma seems to me to rest on no better basis than a mixture of imperfect theory, preconceived ideas, and loose observation. The theory is, that the state induced by over-toil, &c., must be favourable to the nutrition vices concerned in the tuberculising process. But suppose I choose to assume the very reverse of this, and say that, for aught we know to the contrary, the vitally deteriorated and chemically altered conditions of the nerves and blood of an overworked and worn man may be vitally and chemically antagonistic to, instead of promotive of, the *specific* perversions belonging to the outbreak of tuberculisation, is my proposition less tenable than that of my adversary? Not a whit. As regards preconceived ideas and loose observation, the ordinary fashion of proceeding is this: a man becomes consumptive; he was dissipated, or he was over-anxious and over-worked, &c., and out comes the sapient self-gratulation, "Ah! I knew it; I always said it; poor fellow, he was so overdone," &c.; while the thousands who have been similarly overworked, and who have nevertheless gone to their graves free from a trace of tubercle, are conveniently forgotten. No; that there is something wrong in the so-called "below par" state cannot for a moment be doubted; but whether that something wrong struggles to promote, or tends to prevent, the diathetic disturbances belonging to tuberculisation, is at the present day an unsolved mystery.

As to Acute Specific Diseases and their alleged attraction for organisms in a "below par" state of health, some reasons have already been given for questioning the perfect correctness of the common belief. You have heard evidence tending to make it probable that the proclivity to receive these diseases is greatest among the healthy. At all events, the disposition to appropriate the floating poisons of epidemic diseases seems quite as marked among the strong as among the careworn, exhausted, and underfed. The usual argument that cholera, for example, is attracted by a deteriorated condition of health, because it so largely destroys the poorer classes, seems, when sifted, to carry with it but little weight. For, in the first place, it has not, so far as I am aware, been shown that the number of choleraic deaths is seriously greater, *in proportion to their numbers*, among the poorer than among the richer orders. Next, it is forgotten that, though a "below par" state of health, brought on by the use of insufficiently reparative food and by privations of various kinds, is escaped by the rich, they are exposed to the risks of many other quite as active causes of weakened vital energy. Thirdly, the much greater chance of effective introduction of the poison occurring among the poor from overcrowding and allied social mischiefs, has not, it would seem to me, been accorded its due place in the argument.

(To be concluded.)

REMARKS ON SCIENTIFIC THERAPEUTICS.

Being a Portion of a Lecture delivered at Guy's Hospital.

By SAMUEL WILKS, M.D., F.R.S.,
LECTURER ON MEDICINE.

(*Concluded from page* 226.)

REMEMBER, I have nothing to say theoretically against a scientific use of medicine, but I deny that, at the present day, we have sufficient data to guide us; and thus the experienced man is the best practitioner. But just now I had an example of this. A young lady was seized with acute mania. An old and experienced man, of no scientific attainments, placed her in a room with an attendant, administered aperients, and did all that the art admittedly allows. The friends, not satisfied, called in a younger and cleverer man, who commenced to treat the case *secundum artem*, first by shaving the head and applying a blister all over it, and, secondly, by administering large doses of morphia. The girl was driven raving mad by the method. "But surely," said the doctor, "such remedies were suggested—the counter-irritant for the excited brain, and the opium to procure sleep." Take that common disease, rheumatic fever. It is evident that the predilection by one practitioner for alkalies is supported by the sour perspiration and the hypothetical lactic acid in the blood, whilst the advocacy of quinine and iron is stimulated by the belief that rheumatism is a nervous disease. Then, again, we shall find one medical man prejudiced in favour of particular remedies when his mind is upon cell growth, another in favour of medicines which alter the chemical relations of the blood, and another in favour of those which act on the vaso-motor system of nerves. The vaso-motor theory of therapeutics is the latest and simplest, for by the application of heat and cold you may, by acting on the nerves, influence the amount of blood-supply to a part, and so, by altering all nutritive processes, cure any disease which flesh is heir to.

In all these cases unproved theories have had greater weight than well-supported facts. The greatest calamity, however, arises from the fact, not that men disbelieve in the efficacy of remedies, but that they practically repudiate

these in individual cases, because their theories oblige them to consider the medicines unsuited to the particular case in hand. They take their ideas of the action of medicines according to the effects of these in health, and then apply their observations to cases of disease. Thus it is that there is no complaint but what is treated with ammonia and brandy. The case under consideration, it is said, will not bear what is called the routine plan; and so old and approved remedies are discarded, and stimulants supply their place on account of the patient's weakness. I constantly see, for example, cases of pneumonia where I have every reason to believe that some old-fashioned medicines would be useful, but stimulants are administered instead (with a blister, which I believe does more harm than good). The medical attendant is a great believer in physic, and he by no means treats patients with stimulants; but this particular patient was so low that he seemed to require them. Acute rheumatism with chest complication I see treated in exactly the same manner. In fact, if weakness is to be treated, and not the disease, ammonia and brandy are pretty nearly universal remedies. Thus, within the last two or three weeks, I have had the opportunity of seeing the following diseases treated in exactly the same way with these two drugs: typhus, pneumonia, delirium tremens, rheumatic fever, cynanche, scarlatina, typhoid, hepatic ascites, erysipelas, small-pox, morbus cordis, pyæmia, bronchitis, diphtheria, carbuncle, and pleuritis, besides a number of nameless chronic maladies. Now and then I have had the opportunity of contrasting a truly remedial method with this let-alone system, and often to the advantage of the former. Thus, on three separate occasions, I have seen patients with acute cynanche tonsillaris, where the terrible word "malignant" had been associated with the disease, and consequently large quantities of port wine were being "poured in," and ammonia and bark administered as medicines; and in all these cases, at my instigation, these means were discontinued, and the patients were put on the old-fashioned plan of a purge, saline mixture with antimony, and some Dover's powder with calomel. In all the rapid subsidence of the symptoms was most marked. In croup I find that some practitioners still keep to the old antimony emetic, and the result, in my opinion, contrasts most favourably with that which is seen in the hands of the "trimmers," who are content to order a little harmless medicine. For between the bold practitioners who either use active medicines, on the one hand, or more active stimulants, on the other, are the timid men, who find it safest to take a middle course, and, by splitting the difference, believe that they have pursued a truly scientific method.

A good example of the evils of no treatment occurred to me lately in a case of pleuritic effusion. A gentleman requested me to see one of his men, in this neighbourhood, who was suffering from this complaint, and whose appearance was such that I had considerable doubt as to the possibility of his recovery. I stated to the medical man whom I met that I was well satisfied with the orthodox method of treatment—namely, diuretics, some mercury and opium, and counter-irritants to the chest. I was met with the customary answer, that people cannot bear now what their fathers could (a theory unsupported by any good facts), and that he feared all the remedies I had mentioned would depress the patient; and thus he had been writing the usual prescription of ammonia and brandy. I then requested that I might have the man under my charge in the hospital, where I immediately stopped the stimulants and put him on the plan I had recommended. He remained in a very precarious state for a few days, and then rapidly recovered.

Making mention of counter-irritation reminds me that some capital essays have been lately written on this subject, showing the absurd reasons which suggested the method, and the absence of a *rationale* in the minds of those who still adopt it. The case serves me for illustration, for I have the strongest belief in the efficacy of counter-irritants, although I have no very positive idea of their action.

The error of allowing what is called reason or common sense to guide you, when the data on which to form a right opinion are wanting, is never better seen than in the simple case of dyspepsia which is daily before us. A patient states that his food does not digest, and that he is troubled with acid eructations. For this acidity he may have been recommended alkalies, or may have taken them on his own account; and yet very frequently the remedy which is the best tonic for his stomach is a mineral acid. The case, very often, is not one primarily of gastric weakness, but of nervous or cerebral dyspepsia. One of the commonest examples of what is supposed to be a rational use of medicine is the administration of iron. In the majority of instances, I have every reason to believe, it is given because the patient looks pale. The idea is that pallor implies a deficiency in the red colouring matter of the blood, and that the colour is due to iron; therefore that person wants iron who is pale, or, to use the cant phraseology of the day, because he has a deficiency of red particles in his blood. This is a piece of scientific therapeutics which the patient can understand, and so doctor and patient are pleased with a very pretty piece of sentiment. I am not saying a word against iron, which I consider is one of the most valuable medicines in use, and I know that in chlorosis it is our best remedy; but I also know that this disease is curable by aloetic and other medicines, and I can inform you, too, that in many other forms of anæmia it is a remedy which is utterly useless. There is a class of cases which, for want of a better name, we are forced to designate idiopathic anæmia; patients with this disease are saturated with iron by every fresh doctor they consult, but without the slightest benefit. I hope to be able to tell you of cases which are benefited by iron, but I cannot teach you that because a man looks pale he therefore requires this metal.

I might go on thus through the whole category of diseases and drugs, and show how deceitful is the method of administering the latter for a supposed connexion between them and the disease. I might tell of the hundreds of persons with paralysis taking strychnine because it is the correct remedy, but without any benefit to their symptoms; also of the injurious effect of the indiscriminate use of chloral and opium. If your patient cannot sleep, or experiences pain, these of course are the remedies suggested; but you may merely benumb or stupefy him, without touching the cause. I think the universal use of chloral in every possible malady presents a most pitiable exhibition of the weakness of our therapeutics. Everyone who is ill has a pain or an ache, or is irritable and restless, and at length we have got a panacea. What can be thought of our art when we are so ready to catch at a new drug and administer it to everybody. Now it is chloral, yesterday it was carbolic acid, and before that bromide of potassium. Just as, two years ago, everyone was taking this last medicine, so now everyone is swallowing chloral. It is a most sorry patchwork piece of business. What I mean is this, that a man who is always ready to accept the last new remedy can have no great confidence in his former methods. And yet it is this very man who is said to be a believer in medicine. No greater sceptic can exist. When meeting with such a person I myself have been charged with scepticism; and, if you will allow me, I will refer for a moment to a personal matter in connexion with this subject. All my life I have been constantly taunted with a want of faith in drugs, and yet all the while I have had more real confidence in my remedies than nine out of ten of the men who have charged me with the fault. I have never said a word to encourage such an opinion, and am at a loss to understand its widespread existence.*

I believe therefore, most sincerely, that I am giving you the best advice when I request you to gain all the knowledge you can from your teachers as to the best modes which experience has discovered to combat disease, and at the same time to make similar observations for yourself. You may speculate, if you please, as to what is meant by remedies such as calomel, antimony, or digitalis, being called "antiphlogistic"; but if you wait until you know their *modus operandi*, or what special symptom indicates their use, you will be losing some of the best remedies in the Pharmacopœia. I believe that I have got more credit from the use of digitalis than any other medicine, simply because

* My only explanation is that it is due to the belief in the incapability of men in our profession doing more than one thing; and just as the tailor who makes your coat cannot by any possibility excel in trousers, so the doctor who cures rheumatism can know nothing of dyspepsia, or he who can advise for epilepsy cannot at the same time be clever with children. So because I, fortunately or unfortunately, had more than the usual opportunities of devoting myself to pathology, so I might be able to tell how rotten a man's inside had become, but I could not by any chance have a notion of any means to rescue him from decay; for what possible connexion could there be between a lung riddled with holes and cod-liver oil, or a Bright's kidney and jalap powder? Thus have I been a victim of vulgar error.

the patient was considered too weak to bear it before my advice was sought; and during the last two years I have seen three cases of chronic cerebral affection cured by mercury, where all the ordinary nervine remedies which the symptoms had suggested had failed. Remember, I say not a word against a sound and scientific therapeutics, and I might admit that in some exceptional cases we have a glimmering of reason associated with the mode of cure; and I rejoice also that we have a journal like the *Practitioner*, which is arduously endeavouring to attain the object we all have in view. That our treatment is empirical, and not scientific, is beyond all cavil. This is evident from the fact that quackery abounds, and that success in our profession is not proportional to a man's knowledge. If a thorough appreciation of symptoms and a rational application of drugs were necessary to the cure of any malady, it would follow that the better educated a man was, the more successful would he be. Quacks would fade from the earth; for their practice would at once necessitate the coroner's inquiry. So far from theory going hand in hand with practice, it is exactly the reverse; and thus you will find that all systems of quackery have their foundation in, or are associated with, a theory; and even with the more orthodox practitioners it is those who nearest approach the borderland of charlatanism who can inform their patients of the "reason" why they select their medicines. Every quack knows it is the theory, and not the practice, which pleases. Thus, Morison's pills would not be swallowed unless they "purified the blood"; nor Parr's life pills, unless they "sustained the vital fluids." I have already alluded to the homœopathic doctrine, which ignores pathology and treats only symptoms. Such a doctrine I believe is quite fatal to the system. But I have something even worse to think about it; for I have much reason to believe that the mysterious dogma, "similia similibus curantur," much assists its supporters in administering their physic and the patients in swallowing it. That this inexplicable doctrine guides them I do not for a moment believe. It is far too subtle to handle: it eludes you the moment you think you have it fairly in your grasp. And this, I take it, must be the case even with its supporters; for you will find that they by no means have a rule to guide them as to what are or what are not the essential symptoms of a complaint, but they are content to take that one which is evident to the vulgar eye, and work upon it. For example, they do not appreciate all the symptoms of scarlet fever, but recognise only the outward condition of red skin with sore-throat, and consequently give belladonna. They do not discuss the meaning of the general symptoms of small-pox, but, in a most superficial manner, discern only the pustules; and they accordingly administer antimony, for the sole reason that it produces a rash resembling that of variola: this remedy they declare will arrest the maturation. Considering the prevalence of these two epidemics in England, and the number of homœopathic practitioners, it is surprising that the Registrar-General has to return so large a bill of mortality every week. So utterly regardless of the nature of disease are these practitioners, that, when writing on such an affection as morbus Addisonii, they will detail the appropriate remedies to cure it, which is tantamount to reconverting the utterly destroyed supra-renal capsules into healthy ones. I judge from my knowledge of the practice of one or two homœopathists that they do not allow their own principles to guide them. I do not wish to be uncharitable, and would in nowise quarrel with any man because he holds a different opinion from my own; but honesty is a matter of morals, and I know that these gentlemen will give large doses of quinine and opium in cases where experience alone must have been their guide, and which, after the most subtle or sophisticated handling, their doctrine could not have suggested. I know that no homœopathic doctor would ignore large doses of iodide of potassium in syphilis, although he is fully aware that the drug has no tendency to produce nodes on the bones or lumps in the testes, but rather the reverse. In a case of which I had a knowledge a homœopathic practitioner administered quinine in large doses and used morphia by subcutaneous injection, and speedily cured the patient. When asked what I should have done, I replied, I should have prescribed exactly the same; but, in turn, requested to know why he had been preferred to me; and the answer was to the effect that he had acted on principle—that is, he knew why quinine cured neuralgia, and I did not; I had gained my knowledge from experience, while he could have predicated the specific action of the drug as deduced from scientific principles. Well, I will merely make this comment upon it. There is a well-known American gentleman of the name of Barnum, and he has written a most interesting and instructive book on what he calls "Humbug." The author says that a man who sells an article not worth the money is a thief or a cheat; but he who gives you value for your money, but entices you to deal with him on account of some plausible tale associated with his goods, belongs to the class of whom he discourses. He alludes, amongst other examples, to a late well-known character, M. Mangin, who made a fortune in Paris by selling lead pencils at two sous apiece. These were excellent pencils, and well worth the money; his customers were therefore not cheated, and he was not an impostor. He did, however, richly deserve another name; for he chose to attract his customers by wearing a helmet and beating a drum, and thus pocketed a fortune while his poorer lead-pencil brethren were starving. I dare say Parr's life pills are worth the money, but it is the word "life" which encourages the public to swallow them. So, really, if it be true that some homœopathic doctors foist upon their patients an inscrutable doctrine to tickle their fancy, and at the same time administer such good physic as their experience has shown them to be useful, such men are by no means to be called impostors, according to the high authority of Mr. Barnum, but they would rather come under the other appellation which forms the title of his book.

This, then, is another argument against theory in therapeutics: that it forms the stronghold of all the false systems; that charlatanism is entirely dependent upon it; and that the nearer the tendency of anyone to quackery in orthodox medicine, the louder is his assumption of a fanciful doctrine to support him. I hope you will not mistake my meaning. I do not wish to underrate the researches of those who are investigating the actions of medicines, but would hail the time when these could be found to bear fruit, for then would commence a new era in medicine. I do, however, feel that, with our present ignorance of the meaning of symptoms and our greater ignorance of the actions of drugs, we should do far better to administer remedies in accordance with experience; and I say this the more emphatically, because I every day see that fanciful reasons engendered solely in the brain of the doctor have caused him to lay aside many old and most approved remedies. I hope, however, before I have ceased teaching at this school, to be able to adopt very different language from this, and enforce some more strictly scientific rules of treatment. Nothing is more difficult than to shake off the trammels which our own imaginations impose upon us; and thus you will find the good work done by such men as the great Sydenham, the father of English medicine, was by the simple observation of nature and of the operations of the remedies which he gave, at the same time overthrowing the various fanciful methods which he found prevailing in connexion with all diseases. In various places of his writing you will find such passages as this, with which I shall conclude my lecture: "For, without practical observation, that which seems reasonable to me or any other person perchance will be nothing else but the shadow of reason, or a phantasm—that is, mere opinion. And the oftener I converse with men, I am the more confirmed how dangerous it is even for those that are the most acute to rack their brains, and, as it were, inflame them, in the search of any art or science, unless they constitute matter of fact as judge and umpire of truth and falsehood."

WEST NORFOLK AND LYNN HOSPITAL.—Mr Kendall has resigned the appointment of senior surgeon to the above institution after having held it for fifteen years. At the annual meeting of the governors on the 14th inst. the following resolution was passed and forwarded to Mr. Kendall:—"That this meeting of Governors begs to convey to Mr. Kendall their cordial regret at the great loss the hospital has sustained by his resignation as surgeon, and they trust he may long continue in the enjoyment of better health; and, as a mark of their estimate of his invaluable services to the charity, they request him to accept the appointment of consulting surgeon, and to be a life-governor."

CASE OF TUMOUR ORIGINATING IN THE SOFT PALATE, AND PROTRUDING INTO THE ISTHMUS OF THE FAUCES.

REMOVED BY OPERATION.

BY KELBURNE KING, M.D., F.R.C.S.,
SURGEON TO THE HULL GENERAL INFIRMARY.

ON the 16th of September last Charles E——, aged twenty-eight years, consulted me regarding a tumour of the throat, of which he gave me the following history. About three months before he first experienced a difficulty in swallowing, arising from a swelling in the roof of his mouth. This had not previously attracted his attention, but he admitted that it was of considerable size when he first observed it. From this time it increased continually, and he experienced great inconvenience in swallowing, and in respiration, especially during the night; his voice also was much affected, rendering it difficult to understand what he said.

On examination, a large tumour was found to occupy the whole left side of the soft palate, pushing the uvula over to the opposite side, and almost out of sight. It nearly filled up the whole isthmus of the fauces. It extended downwards along the left side, filling up the hollow between the pillars of the fauces as far as the eye could follow it in the direction of the palato-pharyngeal fold. The tonsil was seen stretched over its lower portion. It was about the size of an apple, and was of a globular form. On examination with the finger, its consistence was found to be hard, firm, and unyielding. It occupied the whole thickness of the left side of the soft palate, and could be felt terminating in a free, somewhat roughened margin behind the posterior nares; but it had no special attachment to the posterior edge of the hard palate, and could be completely isolated from the nasal cavity. The finger could be readily passed round the projecting part of the tumour, over which the tonsil and the mucous membrane were tightly stretched; but the attachment of the broad base of the tumour to the outer wall of the pharynx, and parts beyond, could not be defined. The idea communicated to the finger was rather that of tight impaction than of absolute adhesion to the surrounding tissues. The tumour terminated below in the same way as above, in a roughened projection, round which the finger could be passed behind and below the anterior pillar of the fauces, on the outer side of the pharynx, external to the epiglottidean folds and the superior opening of the glottis. The boundaries of the tumour could thus be ascertained in all directions except one. Externally it was limited by the ascending ramus of the inferior maxilla. Internally it projected into the isthmus faucium, which it almost closed. Above it was incorporated with the soft palate, and projected upwards into the posterior nasal fossa; below, its free margin could be felt, distinctly projecting into the pharynx, and separated by a space from the opening of the glottis. Anteriorly it was limited by the palato-glossal fold and mucous membrane of the soft palate stretched over and pushed before it; posteriorly its internal limits were traceable by the forefinger along the outer surface of the pharynx; but no distinct answer could be given to the question as to how far its broad base extended in a backward and outward direction, where it must lie in close proximity to the parotid gland and to the carotid arteries. On making an external examination, there was nothing remarkable except a considerable projection in the hollow behind the jaw and below the ear, as if the parotid gland were pressed outwards.

The symptoms were felt to be urgent by the patient, and I therefore explained to him that unless some method could be found of removing the tumour, there was no other way of affording relief. He was quite convinced of the dangerous nature of the malady, and expressed himself as ready to submit to whatever operation might be proposed for his relief.

Eventually he was admitted into the infirmary, on September 27th. My first idea was to divide the inferior maxilla at the symphysis, and to remove the tumour by incisions made within the mouth, but the impossibility of defining its posterior connexions deterred me; ultimately I devised and performed the following operation:—I determined to get at the tumour by laying open the face from the angle of the mouth to a little above the angle of the jaw, then sawing through the ramus to ascertain whether sufficient space could be obtained to detach the tumour from its connexions; if not, to remove what portion of the body of the bone might be necessary, and, in case of the great vessels being implicated in the posterior connexions, to command the possible hæmorrhage by first of all placing on the common carotid a ligature to be tightened at will. On October 15th the man was placed under the influence of chloroform, and the usual incision for ligature of the common carotid artery was made along the edge of the sterno-mastoid muscle. Here the first difficulty of the operation occurred. The patient could not be fully placed under the influence of chloroform, in consequence of the difficult respiration which it produced. The struggling which resulted, and the rapid respiration, made it very difficult to expose the artery. In opening the sheath a superficial vein was wounded; but, with a little patience, a double catgut ligature, preserved in carbolic oil, was passed round the vessel. This was not tightened, but left to the care of an assistant. An incision was then made from the angle of the mouth to the inferior maxilla, a little above the last molar tooth, and a ligature was placed on the divided ends of the facial artery. The last two molars of the upper jaw were extracted, and the incision was carried across the masseter muscle as far as the posterior edge of the inferior maxilla. The masseter was then divided, and, a couple of arteries bleeding freely, I was about to place a ligature on them when I observed that, although the respiratory movements were regularly performed, no air entered the lungs. It was evident that the tumour had slipped down on the glottis, and prevented the admission of air. I pulled the tongue forward with artery forceps, but without benefit, and, after a moment's hesitation as to opening the larynx, I passed my finger through the opening made by extracting the two molars, and found that I could lift up the tumour and allow the admission of air. Suffocation was thus temporarily averted; but as soon as I removed my finger the tumour slipped down, and the entrance of air was prevented. Holding up the tumour with my left forefinger, I sawed through the inferior maxilla about an inch above the angle; and then forcibly drawing down the lower fragment, I found that I had plenty of room to introduce my fingers into the cavity of the mouth, and command the position of the tumour. The danger of immediate suffocation being thus averted, I divided the soft palate to the right of the uvula, detached it from the hard palate, and thus obtained command of the upper portion of the tumour. I then made two incisions through the mucous membrane, one in front and one behind, enclosing the tonsil between them; and, forcing my fingers behind the tumour, drew it out between the divided portions of the inferior maxilla. On my making a final incision to complete the removal, a terrific gush of blood took place. Holding a sponge firmly in the wound, I asked the gentleman in charge of the ligature on the carotid to tighten it. Unfortunately the ligature gave way; and in attempting to pass another, the venous hæmorrhage, which had quite stopped, returned. This rendered the passing of the second ligature somewhat tedious and difficult, but it was finally accomplished, and the ligature drawn tight. Returning then to the wound in the face and throat, and removing the sponge, which had been firmly held in its place, I was gratified to find that the hæmorrhage was quite controlled. I then divided the lower portion of the mucous membrane, which was alone adherent, and completed the removal of the tumour, and the superjacent mucous membrane. On examining the cut surface, no vessels of any size could be found divided, but a small artery on the right side of the soft palate, of course not commanded by the ligature on the left carotid in the neck, bled freely and required a ligature, which was easily applied. The wound was brought together by sutures, a compress was left to prevent venous hæmorrhage in the neck, and the operation completed.

I cannot conclude an account of this operation, which was of a very anxious nature, and caused me to make large demands on the skill and patience of those who kindly assisted me, without thanking my colleagues, Dr. Lunn

and Mr. Craven, for their kind and able assistance throughout its performance.

On examining the tumour, it was found to be of a purely fibrous character, firm and homogeneous throughout. It was completely enucleated, having no firm adhesion to any of the surrounding tissues, not even to the mucous membrane which covered it and had seemed to be inseparable from it.

The following is the result of a microscopic examination, made by my friend Mr. Hendry, of this town:—"The tumour itself is decidedly *fibrous*, with abundant granules and nuclei. The mucous membrane of the velum and uvula is, on its anterior surface, healthy, with beautiful large pavement epithelia; on the posterior surface are innumerable cylindrical and ciliated epithelia. Both surfaces are apparently healthy. The tonsil gland is filled with nuclei and lozenge-shaped epithelia, with fibre-cells. The small tumours attached to the tonsils were vesicles filled with a purulent-like matter, abounding with fibre-cells, inflammatory corpuscles, and a very large amount of cholesterine, in crystalline plates."

On reviewing the operation, the first thing that struck me was, that while the fear of hæmorrhage was the danger most present to my mind in planning it, the real danger, that had nearly proved fatal in the performance, was suffocation. Though there was a most profuse gush of blood at the moment of the final excision of the tumour, I believe that it was occasioned by the vessels which no doubt freely supplied a structure of rapid growth, and that they probably would have been commanded without recourse to the ligature of the carotid. This, however, I could not know previously. I have been unable to find any record of a similar case; but if one in all respects similar should occur in my practice again, I would dispense with the preliminary ligature of the carotid.

The rest of this man's history is soon told. As almost all the soft palate was excised, and a large wound existed in the side of the throat, I gave directions that no food should be given by the mouth, and that he should have beef-tea freely administered by enemata. In the evening he looked wonderfully well; and the next morning (October 16th), having had a good night, he expressed himself as feeling comfortable. Ice was administered by the mouth, and he had another good night. On the 17th, he said that he could swallow the water from the melted ice, and was allowed milk and beef-tea, of which he partook freely. On the 18th, he had had a restless night, and the face was somewhat swollen, but his general condition was satisfactory. On the 19th, the left side of the face was red and swollen, the left eyelids were puffy, and swallowing was difficult. The whole surface of the face was painted with styptic colloid; twenty minims of tincture of the muriate of iron were administered every three hours; the bowels, which had not acted since the morning of the operation, were relieved by an enema; and afterwards the administration of beef-tea in this way was recommenced. On the 20th, the parts of the face which had been covered by the styptic colloid were considerably relieved, but the erysipelas had extended to the neck, where large bullæ were formed; his general condition was much as on the day before. The remedies were persevered with, and champagne taken freely by the mouth. On the morning of the 21st, while there was but little if any extension of the erysipelas, his general condition was more depressed, his pulse was weaker, and he seemed to take less notice of what was going on about him. In the afternoon and evening the symptoms of sinking became more marked, his extremities getting cold and the tendency to restlessness increasing, and he died at 9.20 P.M.

In considering this result, it must, I think, be admitted that death arose, not from any necessary consequence of the operation, but from an accident. There were one or two cases of erysipelas in the house at the time. I was myself unfortunately in attendance on a very disastrous case, which, commencing on October 13th, terminated fatally on the 17th. This man had survived the immediate results of the operation; the power of swallowing was restored; the wound in the face had all but healed; the division of the inferior maxilla could not be looked upon as hazardous; no secondary hæmorrhage had taken place; from leaving the operating table till his death he did not lose one drop of blood. All the legitimate dangers, except those in connexion with the separation of the ligature on the common carotid, had been surmounted; and where so many and so great difficulties had been overcome, it seems all the more to be regretted that death should have arisen from a cause which a better acquaintance with physical laws will some day enable us to avoid, and which was foreign to the peculiar risks entailed by this very formidable operation.

February, 1871.

OBSERVATIONS ON

PALPITATION OF THE HEART AND ITS TREATMENT.

BY FREDERICK B. NUNNELEY, M.D. LOND.,
ASSISTANT-PHYSICIAN TO THE HOSPITAL FOR DISEASES OF THE CHEST, VICTORIA-PARK, AND TO THE HOSPITAL FOR SICK CHILDREN.

(*Concluded from p.* 229.)

THE cases briefly related below, two of which I examined after death, illustrate this form of palpitation.

Palpitation; hypertrophy and dilatation of the heart; pericarditis.—J. H——, aged twenty-three, was a patient in University College Hospital in the vacation of 1867. He states that two years ago he was confined to the house for a week with pains in his limbs. Eleven days before admission he was at work in his usual health, when he was seized with sudden pain over the heart, with faintness, and with a sensation of palpitation. These symptoms somewhat abated, but nine days afterwards he was observed to be rather livid. On admission there was slight lividity, and the veins of the neck were a little distended. Præcordial pain and dyspnœa were severe, and vomiting, which had occurred previously, was now frequent. The heart's impulse was seen over a wide area, from outside the nipple line to the sternum; and the præcordial region was unduly prominent. To the hand the impulse was violent and irregular in the highest degree, and a loud systolic murmur was heard both at the apex and at the base. During the night the pain and restlessness were extreme. The next day the face appeared somewhat swollen; the head and hands were sweating profusely, whilst the rest of the body was dry and cool. The pain became agonising, but was greatly relieved by hypodermic injections of morphia, repeated from time to time. Two days after, and fifteen from the commencement of the attack, the patient died. At the post-mortem examination eight ounces of orange-coloured fluid were found in the pericardium; and on the heart, about the root of the great vessels, was a little recent lymph. The heart was greatly dilated and hypertrophied, especially on the left side. The valves were stained yellow. There was considerable thickening of the aortic and mitral valves, but no deposits of fibrin were found on these or on the other valves, which were quite healthy; nor was there rupture either of the segments or of any of the valvular apparatus. The blood was fluid in the heart, or very recently coagulated; and no ante-mortem clots were met with either here or in the pulmonary vessels or in the great vessels of the neck. The extreme severity of the symptoms, and the absence of post-mortem evidence of a sufficient cause, point to the nervous origin of the palpitation in this case, which, in truth, differs little from angina.

Cyanosis, with attacks of palpitation.—J. D——, aged two years, was a patient in the York Dispensary. The mother said the child had been bluish almost from birth, and had been subject to fits of sickness and pain, in which its colour became darker and mottled. The light hair and other peculiarities of cyanotic children were present in a marked degree. Together with evidence of considerable enlargement of the heart, there was a loud, sharp, systolic murmur heard all over the front of the chest, but with greatest intensity at the mid-sternum, opposite to the interval between the third and fourth left cartilages. On three occasions the child was brought to me in a "fit" which presented the appearance of severe cardiac dyspnœa and angina; the whole surface was intensely cyanotic; the heart was felt beating very frequently, abruptly, and with some violence, but quite regularly; the murmur, however, had disappeared—an observation which was verified during another attack, six days afterwards,—whilst it was loud and distinct the next day, when the heart was acting quietly. Violent purging

accompanied these attacks. The child died six weeks afterwards.

At the post-mortem examination, the heart was found considerably dilated and hypertrophied, especially the right ventricle. At the base of the septum ventriculorum was an opening the size of a hazel-nut, and immediately over it arose a single vessel ·7 of an inch in diameter. The valves of this aorto-pulmonary vessel were somewhat thickened, and the mitral and tricuspid valves were nodulated from old inflammation. No mechanical cause was found to account for the attacks of palpitation and of dyspnœa, nor for the absence of murmur during their occurrence. The foramen ovale was oblique, and just permitted a surgeon's probe to pass through it.

The third case is that of a gentleman aged fifty-nine, who, but for attacks of palpitation, enjoys good health, and is not the subject of gout or other disease. He has had occasional attacks of palpitation for some years, but recently they have assumed especial severity, and recur every two, three, or four weeks. They commence without premonitory symptoms, except perhaps a trifling sensation at the præcordia, the patient having felt particularly well for a day or two previously. Suddenly the heart begins to throb with some violence and with remarkable frequency, and continues to do so perhaps for some hours, when, as the sufferer himself informs me, the action becomes irregular and intermittent, and, in time, again rapid and abrupt as at the commencement. A feeling of sickness and faintness is present, but vomiting is rare, though it shortens the attack, and has on this account been induced by mustard-and-water. Syncope has now and then occurred. When the attack has lasted some hours, a feeling of soreness is experienced over the heart, and in time is attended with marked tenderness. Sleep is almost abolished. After thus continuing for three or four days and nights, the palpitation suddenly ceases, its termination being announced by a sensation at the episternal notch. Physical examination of the heart in its period of calm reveals some enlargement of the organ, but murmurs and irregularity of action are entirely absent, except reduplication of the first sound. The pulse has a frequency of 56; its sphygmographic tracing is that of health. During an access of palpitation, the heart's contractions are so rapid as to render the pulse uncountable; no murmur has been present, but the impulse has been rather violent, abrupt, and remarkably frequent, but quite regular, forcibly reminding me of the beating of a dog's heart after division of the pneumogastric nerves.

The association of acute pericarditis and anginal symptoms is peculiar; but a case in some respects similar is related by Andral ("Clin. Méd.," vol. iii., p. 19). Attacks of palpitation and dyspnœa occurring in cyanosis are described by Dr. Walshe; but I have not met with a case recorded resembling that last described.

TREATMENT.—The removal of the immediate *cause*, when this can be ascertained, is the first indication. If strong tea or tobacco-smoking is at fault, this should be prohibited. If acidity of the stomach is the cause, a few grains of bicarbonate of soda, with a little magnesia, will give relief.

Hygiene and Diet.—An endeavour should be made to reduce the nervous susceptibility so frequently present, especially in women, by inculcating habits of self-control; and, to this end, change of scene and of society, as well as some occupation, are valuable aids. Over-work, of the brain especially, and of the body should be avoided, and the encouragement of the depressing passions should be firmly discountenanced.

The diet should be adapted to the digestive powers; this is most essential in middle and advanced life, and the irritative dyspepsia often present should be treated. The bicarbonate of soda, with ammonio-citrate of iron, shortly before meals, is very useful for the purpose. Regular and moderate exercise in the open air is desirable.

Reconstituent remedies of all kinds are of great service, especially iron, not only in marked cases of anæmia, but whenever the general health and tone of the system are impaired; the solution of the sesquichloride of iron is a convenient form, in doses of from fifteen to thirty minims. In those chronic cases in which the health improves under such treatment, whilst the palpitation persists, I have found the liquor arsenicalis, in doses of three minims and upwards, give relief in two or three days' time. Cod-liver oil may often be given with advantage.

The diffusible stimulants and anodynes are all useful, particularly during attacks of palpitation. They relieve the faint, sick feeling, and the pain; and sometimes lessen the irregular action of the heart, and promote sleep. The most valuable of them for the latter purpose is chloral, in doses of ten to thirty grains, once or twice during the night; since sleep follows its use in a few minutes, and nausea and constipation are not experienced the next day, and very rarely headache. Its continued use does not appear to be attended with inconvenience. Opium is useful, but is not so well borne; it is best associated with ammonia and spirit of chloroform. Digitalis, except in the obviously weakened and dilated heart, has no marked effect; but in such cases the infusion, in doses of two drachms and upwards, is most valuable. Of all remedies, I have found the subcutaneous injection of morphia to be the most trustworthy; it nearly always alleviates, and very frequently cures, the complaint after a few repetitions. One-twelfth to one-tenth of a grain is a sufficient dose to begin with, and there is little occasion to exceed this quantity. The injection should be repeated every third or fourth day. Though the arm is the most convenient place to insert the needle, the injection is sometimes more effectual at the præcordia. When morphia fails, or is not tolerated, atropine may be substituted; but is not, I think, so useful. If the prick is objected to, the morphia may be applied to the derma denuded by a small blister raised with ammonia, as Trousseau recommends. The hypodermic application of morphia has the additional advantage of relieving pain.

Local applications are of great service. Belladonna and its preparations stand in the first rank of these. The ordinary belladonna plaster, of good size and renewed every week or ten days, is very convenient and effective. It presents three special advantages: it protects the chest walls, which are tender, from the pressure of the clothes, and seems to deaden the painful impulse of the heart; besides this, it impedes slightly the free movement of the parts, and thus obviates the muscular pain often present. Another good application is a mixture of equal parts of liniment of belladonna and of liniment of chloroform, sprinkled on cotton wool. Hot linseed and mustard poultices are soothing, and are easily obtained.

Two methods of direct medication of the pneumogastric and sympathetic nerves have been proposed, which are steps in the direction of scientific therapeutics, and well deserve study. Dr. Althaus has advocated the application of the galvanic current to these nerves in their course ("Medical Electricity"), and Dr. Augustus Waller their compression in the neck by the thumbs (*Practitioner*).

Harley-street, W., Jan. 1871.

PRACTICAL OBSERVATIONS ON VACCINATION.

BY JOHN CARTER, M.R.C.S., L.S.A.,
LATE SENIOR RESIDENT SURGEON TO THE BIRMINGHAM GENERAL DISPENSARY.

FROM the great prevalence of small-pox, I am induced to make some remarks upon vaccination, and also as to its power in preventing or modifying small-pox.

For more than twenty years it was my duty to conduct the vaccination of a large public institution. During that time I had numerous opportunities of seeing the power that vaccination possesses over small-pox. After having vaccinated a child, in a few days I have been asked to visit it on account of its showing signs of small-pox; and I have generally found that when the cow-pox has reached its fourth or fifth day (and the vesicle appeared unchecked), if the small-pox eruption then showed itself it was kept in check by the cow-pox, the two running on together; the small-pox eruption being more or less modified according to the number of days it was behind the cow-pox. If variola had set in earlier than the fourth or fifth day, it would, as a rule, check the cow-pox, causing it to look pale and sickly, the former keeping the upper hand; but I have never

known the patient to appear as if placed in any increased danger by that condition of the two eruptions. The tendency of the small-pox eruption, when following the cow-pox, is to hurry on its course, and on the ninth day of the cow-pox to put on the appearance of its ninth day's eruption; the former still maintaining its modifying power.

I was summoned to visit a child with small-pox. In the same house there were five other children unvaccinated. I immediately vaccinated them. In a few days, four of them began to show signs of small-pox, but they varied as to the time of the eruption making its appearance; and according as the cow-pox was in advance, so much the more was the small-pox modified. The four children were able to go about the house. The cow-pox in the youngest child (an infant in arms) ran its full course. It did not have the small-pox; yet I saw it being nursed by one of the patients.

Many years ago I visited the child of an Irishman. It was suffering from small-pox; and in the house was a boy, about ten or eleven years old, who had not been vaccinated. I at once vaccinated him. The vesicle went on unchecked into the eighth day. On that day he was seized with the premonitory fever of small-pox, which confined him to bed for three days, but no eruption appeared. I have never known the small-pox eruption to appear after the vaccine vesicle had arrived *unchecked* into the eighth day. So, from that day, I now look upon a child as safe.

Another child I attended with small-pox; a very severe case, in which about two-thirds of its tongue sloughed off. The patient had a hard struggle in recovering. In the same house were two other children unvaccinated. The mother objected, saying, if the children had the two together it would be sure to kill them—a foolish notion which I overruled. The ages of the children were about seven and nine. The youngest soon began to show signs of premonitory fever, and was confined to bed with it for three days; then the small-pox eruption came out. The feverish condition passed off; the patient left her bed, and went about the house during the rest of her illness, the disease being very much modified. The vaccine vesicle, before the eruption came out, was looking very pale; but after it began to appear, there was a decided show of activity in it, giving the idea that it would keep the upper hand, as in fact it did. On the ninth day of the cow-pox the small-pox eruption had hurried on and arrived at (put on the appearance of) its ninth day. During this time I was anxiously watching the other child, in whom the vaccine vesicle was going on actively, and continued doing so through the eighth day. But, on the ninth, she also was confined to bed with the premonitory fever of variola, which lasted three days; but no eruption came out, and the patient felt comparatively well. Now, the lymph that I used in vaccinating these two children was procured from the cow sixteen years before, and I had been using it in weekly vaccinations during the whole of that period, so that it had passed through about eight hundred children when used on the above occasion; therefore, I doubt the necessity of the frequent renewal of lymph from the cow.

I think it very necessary that care be taken in the selection of vesicles to take lymph from. I prefer it when there is a little activity shown, but before the areola forms.

From the above remarks it will be seen how desirable it is that vaccination should be done, even though the child may have the small-pox infection in its system.

I consider second vaccination very advisable. I have seen instances where the second has gone through all its stages as perfectly as at first, showing that the effect of the previous vaccination had completely left the system; and I have seen others where the third or fourth vaccination has taken pretty fully. So that occasional revaccination may be advisable.

Here is a proof how small a quantity of vaccine lymph in the system will produce a degree of protective power. A child, in a week after vaccination, has shown no local signs of the vaccination. Has then been revaccinated, and it has taken effect; and on the eighth day the vesicle has put on the appearance of the system having been influenced by the previous insertion of the small quantity of lymph, by pushing forward the stage of the vesicle; and when two attempts have failed, and the third has succeeded, the appearance has been still more marked. Three punctures were made in each case.

February, 1871.

A Mirror

OF THE PRACTICE OF

MEDICINE AND SURGERY

IN THE

HOSPITALS OF LONDON.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

FEMALE LOCK HOSPITAL.

CLINICAL RECORDS OF THE THERAPEUTIC VALUE OF IODINE IN THE TREATMENT OF SYPHILIS.

(From the Practice of Mr. JAMES R. LANE.)

THE following is the first of a series of four clinical records on the above subject which we propose to publish in successive numbers of THE LANCET. The contribution for next week, by Mr. Berkeley Hill, will represent the views he has formed from his practice at the Male Lock Hospital. For the treatment of syphilitic diseases of the eye, and of those of the nervous system, we shall refer to the practice of Mr. Bowater Vernon and of Dr. Buzzard respectively.

The preparations of iodine, in Mr. Lane's opinion, have no therapeutic value whatever in primary syphilitic ulcerations, whether attended with induration or not. He believes them to be equally useless in the class of symptoms usually termed "secondary," at all events in their earlier stages, when mercury, under proper management, has so eminently beneficial an effect.

The preparations of iodine have their special application in the treatment of the class of symptoms usually denominated "tertiary." These are skin affections tending to ulcerate—such as tubercle and rupia, destructive ulcerations of the throat and palate, affections of the periosteum and bones, gummatous tumours of the cellular and muscular tissues, and affections of similar character in internal organs; some forms of orchitis and also of iritis might be included in the list. In Mr. Lane's opinion, nothing is more certain than that, as a rule, mercury is injurious in this class of affections; they show themselves at a period when the direct influence of the syphilitic poison appears to have passed away, and to have left behind it a cachexia, which manifests itself in the destructive conditions above enumerated. These are essentially asthenic in their origin, and the remedies required are those which will repair the failure of nutrition and restore the debilitated powers. Good diet and stimulants, with pure air and other favourable hygienic influences, are essential; but, in addition to these, we have in the salts of iodine a remedy the value of which it is impossible to exaggerate. Amongst them the iodide of potassium holds deservedly the highest repute. Under its influence, rupial ulcerations heal in the most remarkable manner, periosteal swellings disappear, the gummatous tumours known as soft nodes are rapidly absorbed, and the strength and weight of the patient are increased. It is true that he is not at once permanently cured; it is not to be expected that so serious a diathesis can be changed in a few weeks, although its outward manifestations have been removed and destructive action has been arrested. The symptoms will return again and again, and the remedy must be again and again resorted to, with the result, in the great majority of cases, of a cessation of all outward symptoms and the ultimate permanent restoration to health of the patient. It is a mistake to suppose that a recurrence of symptoms is an indication of the failure of the remedy; it is, on the contrary, a reason for its repetition; and even the appearance of fresh symptoms during its use should be regarded as an additional motive to persevere and to augment the quantity given.

The iodide of potassium should be commenced in doses of three grains, to be gradually increased to fifteen or twenty grains, thrice daily. It agrees best, and its efficiency is in-

creased, when combined with carbonate of ammonia, and administered in a diluted condition. The decoction of sarsaparilla is an excellent vehicle, and is in itself useful as a tonic. The iodides of sodium and ammonium are inferior, in Mr. Lane's opinion, to the iodide of potassium; but when the latter disagrees, and produces dryness of the throat, headache, and coryza, they may be substituted for it with advantage, as they are certainly not so liable to be attended with these unpleasant effects. Mr. Lane has not met with a case in which one or other of the iodides could not be borne, if the dose at the commencement was sufficiently reduced—and in some cases it has been found necessary to make it as small as half a grain,—when carefully, and by slow degrees, toleration will be established. In all cases the gradual increase of dose is a point of great practical importance. It is by persisting in the same dose that the good effect is often missed, that disappointment ensues, and the remedy is discredited.

Mr. Lane is not prepared to offer any explanation of the mode in which iodide of potassium acts so beneficially in tertiary syphilis. It is known to be a diuretic, but it cannot be on this that its influence depends. It is also known to act as a solvent for some metallic substances which may have become incorporated in the tissues, of lead for example, and, there is good reason to believe, of mercury. Hence its influence in causing salivation, as it not unfrequently does, when first given to those who have taken too large doses of mercurials. In this way it may prove beneficial by getting rid of mercury which has been given in excess, or persevered in too long. But it is not, he thinks, only from their antagonism to mercury that the iodides are beneficial in tertiary syphilis, for their effects are equally manifest when no mercury at all has been given, and also in those cases in which the tertiary stage sets in, as it sometimes does, without having been preceded by the secondary. Whatever may be its mode of operation, it is found to be the most powerful of all stimulants and tonics for persons who labour under the cachexia of tertiary syphilis. The outward symptoms disappear under its use, the health improves, and in the end, in most cases, permanent recovery is the result. The fact that salivation is sometimes induced when the iodides are given at the end of a mercurial course has, Mr. Lane believes, given rise to the idea that it stimulates and rouses up the mercurial influence, and hence has arisen the custom of prescribing it in *secondary* affections, after mercury has been discontinued. He does not agree with this practice, although he knows it is a very common one. If mercury has been given at the proper time, and has not been given in excess, it is better to leave it to do its own work, than to complicate matters by following it with a remedy which is antagonistic to it in its action, and which is inappropriate to that particular stage of the disease.

Mr. Lane has rarely found the iodides of any service in purely secondary affections. He believes that, on the contrary, they will almost always be found injurious in the early stages. From their stimulating properties they tend to aggravate skin affections, and especially to irritate disordered mucous membranes. If from any cause it is thought advisable to abstain from mercury in the early secondary stage, it is a mistake to suppose that the next best thing is to give the iodide of potassium.

From what has been said, it may be inferred that Mr. Lane is not in favour of the combination of mercury with the iodides in the treatment of syphilis, although the practice is frequently adopted. A very favourite method is to give the perchloride of mercury in combination with the iodide of potassium in secondary affections. The result is, of course, a solution of biniodide of mercury with iodide of potassium in excess. This appears to be "blowing hot and cold" at the same time, since the one remedy tends to neutralise the effect of the other; and, in most cases, where the one is necessary the other is injurious.

If there are any cases in which such a combination is desirable, it would appear to be those which are passing through the transition period between the secondary and tertiary stages, when the symptoms partake somewhat of the character of both periods—when, for instance, there are patches of scaly or papular eruption coincidently with disease of periosteum and bone, with recurrent iritis, chronic enlargement of the testis, or gummatous swellings.

CHARING-CROSS HOSPITAL.

A CASE OF PRIMARY CANCER OF THE LIVER.

(Under the care of Dr. HEADLAND.)

FOR the following notes we are indebted to Mr. Ralfe, registrar.

Carcinoma of the liver, being usually preceded by cancer of other organs, is rarely met with as a primary affection. As a secondary deposit its occurrence is far more frequent; and Rokitansky has estimated that it is found once in the liver for every five instances of its presence in other parts of the body. The difficulties of diagnosis in the present case were increased by the absence of icterus, ascites, or œdema, and by the want of any distinct evidence of indurated protuberances in any part of the organ. In summing up the features of the case, Dr. Headland remarked that the enlargement could scarcely be attributed to cirrhosis, since there was no history of alcoholic intoxication, nor to albuminoid disease, as there was no evidence of caries, long-continued suppuration, or of either of the other usual coexistent conditions; abscess of the liver and hydatid cyst were excluded from consideration by the absence of pyrexia and of any circumscribed tumour; and, taking into consideration the rapidity of its growth and the presence of pain, he concluded that the enlargement must be due either to cancer of the stomach and secondary deposit in the liver, or, in spite of its rarity, to primary cancerous infiltration of the latter.

W. S——, aged forty, was admitted into the hospital on the 12th of January, suffering from enlargement of the liver. He stated that for the last three months he had been gradually losing flesh and suffering from obscure pains in the right side. He always previously considered himself a strong, healthy man, and had never lost a day's work through sickness. Six weeks before admission he had been seized with sharp cutting pains, which made him feel sick, and compelled him to leave his work and go home. Since then he had been laid up. He had always been a temperate man, and had never had syphilis. There was no history of cancer in his family. He complained of constant pain, aggravated by every movement, and by the slightest touch. There were complete anorexia, and occasional vomiting; once or twice blood had been observed. The bowels were constipated and the motions clay-coloured. The urine had a specific gravity of 1027, and yielded a violet-coloured abnormal deposit on cooling. The area of liver dulness could be traced downwards to a line drawn from the umbilicus to the crista ilii on the right side, and to a line drawn from the umbilicus into the left hypochondrium to the region of splenic dulness. The percussion of the upper border gave the following limits:—In the mammary line, dulness just above the upper margin of the fifth rib; in the axillary line, to the sixth rib; and in the dorsal line, to the upper border of the seventh rib. Palpation of the edge of the liver afforded no definite information, though there were a suspicious hardness and tenderness in the epigastric region; otherwise the liver felt uniform and smooth. Bronchial breathing was heard over the base of the right lung. The case remained under observation till the 3rd of February, when the patient died. A few days before his death he became paraplegic.

On examination after death, the body did not present any distinct cachexia, nor was there œdema or ascites. On opening the abdomen, the liver at once came into view, reaching downwards below the umbilicus, and studded with large white excavated patches of the size of a crown-piece; these, towards the margin, were less distinct, and the liver-tissue was more equally infiltrated and less nodular. On section, the liver was studded throughout with circumscribed tumours of medullary cancer, some of which were undergoing softening. The weight of the liver was 9 lb. 5 oz. The base of the left lung was consolidated. The bladder was distended with urine; its mucous membrane much pigmented and eroded, owing, no doubt, to the alkaline urine secreted since paraplegia had come on. Careful search was made in the stomach, intestines, and lungs for other deposits, but these organs were, without exception, quite healthy.

Provincial Hospital Reports.

LEEDS GENERAL INFIRMARY.

TWO CASES OF UNUSUAL INJURY TO THE ANKLE.

(Under the care of Mr. JESSOP.)

THE two following cases, with which we have been favoured by Mr. M'Gee, the house-surgeon, have occurred lately in the practice of this infirmary. Both the dislocations are very uncommon. A case similar to the second is described in Sir Astley Cooper's work on "Fractures and Dislocations."

William C——, aged twenty-two, a butcher, was admitted with an injury of the right ankle. The only account he could give of himself was that, while "larking" with another young man, he slipped on the causeway, and fell backwards. He immediately experienced great pain in the right ankle, and was unable to rise. He was at once brought to the infirmary. On admission the fibula was seen to be broken three and a half inches above the point of the malleolus; the internal malleolus was also broken off, the sharp broken point being felt under the skin, which was very tense. The foot was twisted, so that the toes pointed directly outwards, the astragalus with the foot attached having made a rotation of a quarter of a circle. The dislocation was easily reduced by bending the knee, grasping the foot by the heel and over the instep, extending it, and at the same time gently rotating. The leg was slung in a swing cage till, the swelling having subsided, a plaster of Paris support was applied on the tenth day. He was discharged the next day, and walked out on crutches.

R. B——, aged twenty-one, a bricklayer, was admitted on Jan. 18th, 1871. An hour before admission he was engaged on some scaffolding, at a height of about fourteen feet from the ground. It gave way, and he fell to the ground, together with a quantity of bricks. He felt that his left ankle was injured, but could not remember in what direction he fell on it. On examining the ankle, it was seen that the astragalus, with the tibia and fibula attached, was dislocated forwards and inwards on to the tarsus. Neither the tibia or fibula was fractured. The sole of the foot was everted; the articulation between the os calcis and cuboid remained entire; but the tendons of the peronei had slipped from the groove on the back of the external malleolus, and could be felt outside their usual position. Reduction was easily effected in the same manner as in the other case, and the same treatment was carried out—viz., the use of a swing cage for ten days, followed by a plaster of Paris bandage. The man became an out-patient thirteen days after the accident.

Medical Societies.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, FEBRUARY 14TH, 1871.

GEO. JOHNSON, M.D., VICE-PRESIDENT, IN THE CHAIR.

THREE CASES OF INJURY TO THE BRAIN, WITH AN APPENDIX OF CASES.

BY G. W. CALLENDER, F.R.C.S.,
ASSISTANT-SURGEON TO ST. BARTHOLOMEW'S HOSPITAL.

IN this communication attention is directed—first, to the frequency with which convulsions or rigidity are associated with paralysis of the left side of the body, as compared with that of the right; secondly, to the occurrence of these symptoms in cases of injury or disease of those parts of the right cerebral hemisphere which lie above the corpus striatum.

After referring to some observations with reference to diseases of the membranes and around the principal cerebral arteries as associated with the occurrence of convulsions, some cases of left side paralysis are quoted from the practice of St. Bartholomew's Hospital, three of which are given in detail. These cases, added to others recorded by various observers, give the following results:—Side paralysis, 109 cases; rigidity or convulsions in 46. Right side paralysis, 48; rigidity or convulsions in 7. Left side paralysis, 61; rigidity or convulsions in 39. Cases in which parts above the corpora striata are affected: Left side, 37 cases; convulsions in 7. Right side, 47; convulsions in 39. Cases in which the corpora striata, including the optic thalami, are affected: Left side, 11 cases; convulsions in 0. Right side, 13; convulsions in 0.

For convenience of reference an appendix is added, giving the cases referred to, arranged in two tables, and an outline map of the brain.

OBSERVATIONS ON THE PATHOLOGY AND TREATMENT OF MALARIOUS FEVERS.

BY ROBERT HALL BAKEWELL, M.D.,
MEDICAL OFFICER OF HEALTH FOR TRINIDAD.

In this paper the author gives the results of his experience of malarious diseases during a lengthened residence in the West Indies. After giving an account of the various opinions entertained by different authorities as to the mode in which the malaria poison enters the system, he states his opinion that, when once there, it acts, not by producing any change in the blood which renders it unsuitable for the nutrition of the organs, but by influencing specially the sympathetic nerves; and he attempts to explain the phenomena of the ague-fit on this hypothesis.

In his treatment of the malarious diseases, the author relies on quinine and arsenic, and states that the bilious vomiting and purging, which often in the West Indies accompany an attack of marsh fever, are not, as usually supposed, an indication for the administration of calomel.

PATHOLOGICAL SOCIETY OF LONDON.

TUESDAY, FEBRUARY 8TH, 1871.

J. HILTON, ESQ., F.R.S., PRESIDENT, IN THE CHAIR.

Mr. B. SQUIRE brought under the notice of the Fellows a patient suffering from Pemphigus, with bullæ formed on the lining membrane of the mouth; a second patient in whom the fibro-cellular tissue had considerably hypertrophied about an old eczema of the back, giving rise to excrescences of a cauliflower-like aspect. A good model of this kind of hypertrophy following long-continued congestion of the skin is to be seen in the College of Surgeons Museum. A third case was one of zoster of the hand and forearm. Mr. Squire said he did not believe that the eruption in zoster always followed the course of the nerves, as in the present case, in which it was distributed mainly as the ulnar nerve, but not completely so.

Mr. T. HOLMES exhibited for Dr. Martin a representation of a remarkable case of Exostosis, in which the disease attacked both hands and feet in a man about four feet high and twenty-six years of age, with a well-formed trunk, but short legs and arms. It seems that at eighteen months old the disease first developed itself by enlargement of the first phalanx of the middle finger, and it had gradually implicated all the other fingers, but not the thumbs. The feet were less enlarged than the hands, but sufficiently so to make walking difficult. The bunch of tumours formed by the fingers was thirty-one inches in circumference. The first phalanx of the middle finger measured eighteen inches, that of the ring finger nine inches round. The fissures between the fingers were about one inch and a half in depth. The length of one finger was eight inches. One hand, rather the larger, weighed 10 lb. The surface was varicose and nodular, and it felt inelastic. The growth was thought to be cellular exostosis. The man refused all operative interference, and he died of gangrene of the hand after several weeks' suffering.

Mr. SPENCER WATSON exhibited a specimen of Ivory Exostosis of the Sclerotic, which presented the characters before removal of a little fatty tumour, and grew from the upper and outer part of the left eye. The point of the scalpel, in the operation for the removal of the growth, hit against bony matter, and so discovered its nature. The growth was removed and appeared to be entirely bony.

Mr. HULKE exhibited drawings, and demonstrated the appearances presented on microscopic examination, of the morbid tissue of Rodent Ulcers, showing much more than a proliferating fibro-cellular tissue, which is generally considered to be the characteristic of rodent ulcer. Mr. Hulke

found in the portions of tissue removed from two cases, specimens of which he submitted to the Society, that the great mass of the tissue of the edge and base of the ulcer was made up of corpuscular elements like rete cells, which tended to become elongated and scaly. These cells were collected together in masses, and ran along between bundles of the connective tissue to the surface. The sweat-glands and the papillæ were notably enlarged.

Mr. DE MORGAN observed that Mr. Hulke's observations tended to show that rodent ulcer was in reality a species of cancer, and that it was closely allied to epithelioma; in fact, a variety of that disease.

Mr. HULKE exhibited a Polypus of peculiar structure removed from the rectum, which he thought rare. The patient was a young woman, who had suffered from rectal pain and hæmorrhage. The polypus was detected, and removed. It consisted of a central mass of fibro-nucleated tissue, with thin-walled bloodvessels supplying it, the whole being covered with a less vascular and close stroma, exhibiting a papillary layer covered by a scaly epithelial layer.

Mr. SYDNEY JONES said he was struck with the few specimens or cases of polypus of the rectum illustrated or recorded in the Transactions. Polypus of the rectum he believed to be very common, especially in children. He had himself removed from the rectum as many as fifteen during the last year, and he thought that patients often complaining of symptoms supposed to be due to piles or prolapsus were the subjects of polypus. These polypi had long peduncles, and were easily moved; hence they were not readily detected. They could be easily removed, and without hæmorrhage. In some cases they were fibro-cellular, as in Mr. Hulke's case; in others glandular in structure.

Mr. ARNOTT and Mr. HOLMES referred to similar cases of fibro-nuclear polypi of the rectum, the latter gentleman affirming that they were of pretty common occurrence.

Mr. ARNOTT exhibited a Blood Tumour of the Scrotum, removed from a Spanish gentleman, from whom no history of any moment could be got. The disease began apparently at the bottom of the scrotum in the form of an enlargement, and gradually increased. The testicle was detected at the back of it. After removal, the tunica vaginalis was found to be intact, and the specimen deemed to be one of encysted hæmatocele of the cord—a rare pathological occurrence, at least in so extensive a form as in the case in point.

Dr. CLIFFORD ALLBUTT made an interesting communication upon the Microscopic Appearances of the Cord as seen in four cases of Traumatic Tetanus, illustrating his remarks with specimens "put up" for the purpose. In the first case tetanus resulted from injury of the leg, and the cord was soft in many parts, diffluent in the upper dorsal region, the sheath of the posterior tibial nerve being full of pus for two-thirds of its length. In Case 2 the cord was softened. In Case 3 the cord in the lower dorsal region was soft, and there was a clot under the pia mater. The posterior tibial nerve was bathed in pus for some distance from the foot. The tetanus followed Chopart's operation. In Case 4 tetanus followed laceration of the hand, occurring together with fracture of the leg, and in this case the cord was softened throughout more or less. Submeningeal hæmorrhages were also present. Comparing the appearances in the several cases, it was seen that they were similar, only differing in degree, as regards softening; in two out of the four cases meningeal hæmorrhages were observed, the vessels of the cord were generally distended, thickened, varicose, and plugged; and in one case there was universal thrombosis, with spaces around the vessels filled with matter resulting from the granular disintegration of the clots. In two of the cases there was considerable blood-staining of the cord by oozing from, if not actual rupture of, the vessels; and in two cases hæmorrhage into the cord in different places. Both in the pia mater and in the central grey matter similar vascular changes were observed. The central canal of the cord was stuffed with epithelial matter in over-abundance. There was nuclear proliferation in the connective tissue, probably in excess of health. The cells in the anterior horns were singularly wasted in a very symmetrical manner, no doubt due in part to exudation about the vessels, but also to changes in the cells themselves. The cells were the subject of yellow disintegration, beginning in the centre of the cells, and invading them from centre to periphery. Many were seen to have run together, forming an irregular and more or less fatty mass, these masses giving rise to the appearance of small yellow masses in the anterior horns. At any rate, the latter were destroyed more or less by exudation into them, and peculiar degenerate changes in the cells.

Dr. DICKINSON stated that he had found very similar changes in other cases, but he had always fancied that the steeping of specimens in chromic-acid solution gave rise to an appearance of thrombosis in the vessels, and he doubted whether this condition, as described by Dr. Allbutt, was an ante-mortem phenomenon.

Dr. MOXON, in conducting post-mortems on tetanus, had always been obliged to end with a negative story. He had never seen anything like inflammation of the cord in cases of tetanus; congestion, perhaps, but he had also observed an anæmic condition. If tetanus were due to histological changes in the cord, we should probably get paralysis as a consequence in cases of recovery. Death took place under conditions of hyperaction of the cord, and not diminished action, and the general phenomena pointed also to an irritable state as the morbid condition. He thought that the hæmorrhage might be due to the unskilful removal of the cord from the body.

Dr. DICKINSON differed from Dr. Moxon in the latter point, as he had seen serious changes in the cord in some cases: the diameter of the cord had been much increased, this being due to extravasation into the centre of the cord, with serous exudation around.

Mr. HOLMES said that Dr. Moxon had surely seen inflammation of the cord as the result of mechanical injury; and other causes give rise to symptoms very like tetanus.

Dr. ALLBUTT explained that, as far as he could judge, the hæmorrhages and thromboses he had described were not post-mortem conditions.

OBSTETRICAL SOCIETY OF LONDON.

WEDNESDAY, FEBRUARY 1ST, 1871.

DR. BRAXTON HICKS, F.R.S., PRESIDENT, IN THE CHAIR.

The PRESIDENT delivered an inaugural address.

The following gentlemen were elected Fellows of the Society:—Clement Godson, Esq., M.R.C.S.; Frederick B. Hallowes, Esq., M.R.C.S. (Redhill); P. G. Philps, Esq., M.R.C.S.; Charles Read, Esq., M.R.C.S.; and W. H. W. Wilkinson, Esq., L.R.C.P.

Dr. HEYWOOD SMITH exhibited a Cast of the Head of a Child he had recently delivered by Cephalotripsy.

Dr. PROTHEROE SMITH exhibited the Pelvic Viscera of a woman who had died from spontaneous rupture of an ovarian cyst, complicated with a fibroid tumour of the uterus. The patient had suffered from severe diarrhœa for eight months before coming under observation, and also from sacral and bearing-down pains. The diagnosis which was made was correct, as verified by a post-mortem examination; but before any treatment could be adopted the patient was seized suddenly with severe abdominal pain and vomiting, and she died in eight hours. After death an ovarian cyst was found occupying the right side of the abdomen, and the peritoneal cavity contained two or three quarts of dark-coloured fluid, which was seen pouring out from an opening in the cyst immediately behind a globular fibroid tumour on the left side of the uterus. Dr. Protheroe Smith brought forward the specimen in evidence of the necessity of performing ovariotomy early under similar circumstances.

The PRESIDENT observed that Dr. Protheroe Smith had alluded to a very important point in practice—namely, how early the operation was justifiable in ovarian disease. There could be no doubt that many lives were lost whilst waiting, and he instanced one where another month would have rendered the operation impossible.

Dr. PHILLIPS remarked that the early removal of an ovarian cyst had occupied the attention of many practitioners, and that an American physician was so impressed with its importance as to advocate, in certain cases, the performance of the operation through the posterior wall of the vagina, while the cyst was yet small.

Dr. BARNES observed that there was another mode of

dealing with very early ovarian dropsy from which good might be expected—namely, to puncture the cyst through the vagina by Dieulafoy's aspirator, and to inject it with iodine. He related a case in which this had been done, and thought the method deserved further clinical investigation.

Dr. WILTSHIRE said that the operation referred to by Dr. Phillips was called elytrotomy. Had gastrotomy been performed for the removal of the ovarian cyst now exhibited, he thought the uterine fibroid might also have been removed at the same time.

Dr. EDIS exhibited an Ovarian Cyst, which he had removed from a patient at the Soho Hospital, on January 28th. This case also exemplified the advantage of early operation. The adhesions had probably formed during the last month. The patient was doing well.

Dr. WILTSHIRE agreed with Dr. Edis that, as a rule, the vascularity of ovarian adhesions increased with their duration. He advocated the evacuation of secondary cysts before attempting to break down any adhesions.

Dr. PLAYFAIR read a paper "On Irritable Bladder in the Latter Months of Pregnancy." The author remarked on the frequency with which a severe and intractable form of irritable bladder was met with in the last few months of pregnancy, often giving rise to much distress and suffering, and little amenable to general treatment. He stated his opinion that many of these cases were due to a distinct mechanical cause—namely, pressure on the bladder resulting from an oblique or transverse position of the fœtus. He described how these cases could be recognised by a careful examination of the abdomen. With regard to treatment, he stated that little or no benefit could be expected from drugs, but said that immediate relief could often be obtained by altering the position of the fœtus in utero by abdominal manipulation, after the manner described under the name of "external version," by Wigand, Stoltz, Mattei, and others. He described the method by which this could be effected, and concluded the paper by detailing three cases in which the most severe forms of dysuria were immediately relieved by this simple procedure, after the failure of every other plan of treatment.

Dr. BARNES said that if it should be proved that dysuria was a symptom of transverse or oblique position of the child, we should have a valuable indication to correct the malposition before labour came on by substituting external bipolar version under the most favourable circumstances for turning at the time of labour. He would ask why Dr. Playfair, having rectified the position of the child, did not secure it in due relation to the axis of the uterus? This could be done by a bandage and two pads, one applied to each pole of the fœtus and directed towards the median line.

The PRESIDENT considered himself indebted to the author for pointing out the fact that obliquity of the uterus produced irritability of the bladder. He was, however, at a loss to account for it by the pressure of the fœtus on the bladder, as the head in ordinary positions would press quite as much as the shoulder, if not more, and that against the most irritable portion of the bladder—namely, the lower portion. He would suggest another explanation, the disturbance to the form of the bladder by the altered form of the uterus.

Dr. PROTHEROE SMITH inquired whether the author of the paper had observed a want of lumbo-sacral curvature of the spine in the cases related by him. Dr. Smith had remarked, in some cases of extreme irritability of the bladder in pregnant women, not only a straight spine, but, as a result, an increased proportion of the abdomen forward, a condition which was effectually relieved by his pelvic band.

Dr. PLAYFAIR, in reply, stated that all the cases had terminated by head presentations. He did not, of course, hold that all cases of irritable bladder could be traced to this source. The three cases he had detailed were the only ones he had seen in which the transverse position of the fœtus could be clearly made out.

A paper by Drs. Braxton Hicks and Phillips, entitled "Remarks on Tables of Mortality after Obstetric Operations," was then partly read, and, on the motion of Dr. Barnes, seconded by Dr. Rogers, the further reading of this paper was adjourned to the next meeting.

Reviews and Notices of Books.

A Manual of Medical Jurisprudence for India, including the Outline of a History of Crime against the Person in India. By NORMAN CHEVERS, M.D., Surgeon-Major, H.M. Bengal Army, &c. Calcutta: Thacker, Spink, and Co. 1870.

WE gladly welcome a third edition of this useful book, but we protest against the unwieldy and unnecessary size to which it has grown. So far from being a *manual*, or small book which may be carried comfortably in the hand, it is now a very big and very heavy volume, which no one would care to carry in his hand, except it were, like a dumb-bell, for gymnastic purposes. Considering that it does not contain even an outline of the principles of medical jurisprudence, being professedly supplementary to the standard treatises on this subject, and designed specially for medico-legal use in India, it would seem desirable that the next edition should not be merely an increase in growth, but a development in organisation, which might properly entail a considerable decrease of bulk. There is a lack of methodical arrangement, as well as of systematic digestion of the abundant material; and there is furthermore introduced a great deal of matter which, though interesting and instructive, has no special fitness in the plan of such a book. Cases are often related at great length which, so far as purposes of illustration are concerned, are merely repetitions of one another. It looks, indeed, as if the author had made it his business to cut out all paragraphs concerning crimes that had appeared in the newspapers, and to add these acquisitions to his new edition, forgetful, seemingly, that it is not the accumulation but the selection of illustrative cases that gives value to a work of the kind. We trust, then, in the interests of a really valuable work, that in any future edition there will be omission and, where omission is not desirable, condensation of matter, both of which may be made without prejudice to the usefulness of what has now justly attained the position of a standard treatise.

The reputation of the book having been thoroughly established, we feel the less hesitation in doing the ungracious work of pointing out some other defects. There is sometimes a deplorable want of exact scientific information regarding matters on which exact scientific information is desirable and would be valuable. Instead of such information, we are too frequently furnished only with quotations from old writers, or with popular reports and newspaper paragraphs that have no scientific value whatever. Thus, in speaking of a class of persons called *hermaphrodites*, who attend upon the Courts and camps of native princes, Dr. Chevers gives no anatomical description of the actual malformation from which they suffer, but contents himself with quoting an old statement that "some have the two sexes full and distinct, one over the other, or one within the other." An extraordinary and unheard-of fact in science, if it be true; but if not true, as we may feel sure it is not, a statement which should not have been thus loosely made, and left without criticism, in a book on medical jurisprudence. Has no one in India made an exact investigation of the nature of the malformations in these so-called *hermaphrodites*? Again, we looked to find more precise information than we met with concerning the simulation of death by the Indian *Fakeers*, who, if we might credit some very positively-made statements, will, in this state of seeming death, actually allow themselves to be buried for days. One more example, and we have done with fault-finding. It appears that natives, when wounded in affrays, are careful to make a great display of their bloody clothes—often appear, indeed, more anxious to display them than the wounds

themselves. It is generally suspected that, in many cases, the blood of a fowl is used to exaggerate the show. In regard to this matter, Dr. Chevers says that it must rest with the police to show whence the blood-stains have been derived, since there are no reliable tests for distinguishing the blood of a human being from that of one of the lower animals. Are there no reliable tests, then, in India for distinguishing the blood-corpuscles of a *fowl* from those of a human being?

These and a few other blemishes of the same kind apart, we can speak with praise of the book. There can be no doubt that, before it appeared, Indian medical literature was greatly in want of a treatise on medical jurisprudence which should deal with those special circumstances of medico-legal inquiries springing from the peculiar physical conditions of the country, and the character and habits of its inhabitants. This want Dr. Chevers has supplied. It is curious to remark, in reading his book, how little novelty there is in crime against the person; how in this matter, as in so many other matters, there is a great lack of invention. The medical jurisprudence of India has to deal, not with new crimes, but with the relative frequency of old and common crimes, and with the peculiar circumstances of their perpetration. One of two reasons we may suppose for this monotony of crime against the person all the world over: either that man has been so long apprenticed to the business that he has exhausted the possibility of further invention, or that, as would seem more probable, criminals being everywhere of a low order of intelligence, no one among them has sufficient genius to invent a new crime. Be this as it may, there can be no doubt that some medico-legal points become of particular importance in India—the signs, for example, which indicate whether a wound was inflicted before or after death. For it is a well-known practice in India, when a member of one of two hostile houses dies suddenly, for his relatives to inflict various wounds upon the corpse, and then to place it at a spot near their enemies' dwelling, where it may easily be discovered, in order to throw upon them the suspicion of murder. India, too, is probably the only place in the world where a man, in order to bring a false charge against his enemy, will simulate death, and allow himself to be carried to a medical man for examination, or even in some instances will actually commit suicide. The signs, therefore, by which we distinguish between real and apparent death, and the indications of suicide and homicide respectively, become particularly important. And here, again, we perceive the value of the special information contained in a manual of this kind; for, in deciding whether certain injuries on the person have or have not been self-inflicted, it is sometimes of no little moment to have regard to the customs of the inhabitants of the country, and to their favourite modes of committing suicide.

We have said enough to show that to Indian medical officers this "manual" will be found indispensable, and that the third edition falls not below the standard of its predecessors.

Practical Lithotomy and Lithotrity; or an Inquiry into the best Modes of Removing Stone from the Bladder. By Sir HENRY THOMPSON, Surgeon Extraordinary to H.M. the King of the Belgians, Professor of Clinical Surgery and Surgeon to University College Hospital. Second Edition, considerably Enlarged. pp. 327. London: J. and A. Churchill. 1871.

IN this new edition of his well-known work, Sir Henry Thompson has added the results of eight additional years' experience, especially in the operation of lithotrity, which has no doubt undergone great improvement in that period; and it is in the portion of the book relating to that operation that the additions will be found. The points more particularly insisted on by the author will be already familiar to many of our readers through the lectures published by Sir H. Thompson in THE LANCET of 1868; and they may be briefly summarised as follows:—The use of a lithotrite with cylindrical handle and flat solid blades; the disuse of preliminary injections, or even of the practice of retaining the urine prior to operation; the method of holding the instrument and seizing the stone; and the after-treatment. Three new chapters have been added to the work: one giving extended inquiries into the results of lithotomy as performed by various surgeons, but not giving the author's personal experience; the other discussing (1) the employment of lithotrity complicated with stricture, hypertrophy of prostate &c., and (2) the results of lithotrity. This last chapter, and also an appendix of 204 cases of lithotrity, are reprints from an important paper by the author in the last volume of the Medico-Chirurgical Transactions. The work is now altogether an extremely valuable one, which does credit to its author's mental powers and manipulative skill, and cannot fail to aid the progress of surgery in this country.

OUR LIBRARY TABLE.

Michel's Process for Removing External Tumours. By WILLIAM A. BELL, M.A., M.B. Cantab. London: Longmans, Green, and Co. 1871.—The author of this pamphlet was induced, at the solicitation of some relatives and friends, to investigate the process pursued by a Dr. Michel, of Paris, who, although a duly qualified physician, practised as a charlatan. Michel kept his remedy a secret, but agreed to instruct any Englishman in his process on payment of 25,000 francs. The money was paid, and the process learnt; but, on the whole, we think Dr. Michel had the best of the bargain. The plan, we need scarcely say, involves the use of a powerful escharotic—strong sulphuric acid mixed with asbestos reduced to the finest possible powder. We have not space to follow out all the details of the operative procedures and subsequent treatment. That tumours were successfully removed in this way we cannot doubt, neither can we doubt that many of Michel's patients believed that he had cured them of cancerous growths; that he really did anything of the kind is, however, quite another matter. The author of this pamphlet has pursued the process in several cases, but his experience has evidently been too limited in character and time to enable him to speak confidently of the ultimate results.

Precautions to be taken by Local Authorities towards preventing the Spread of Small-pox. By J. B. HUTCHINS, of the Medical Department of the Privy Council Office. Small 8vo, pp. 24. London: Knight and Co.—In this handy sixpenny pamphlet, Mr. Hutchins has set forth clearly and concisely the different duties which local authorities are called upon to perform in presence of epidemic small-pox. Much misapprehension exists as to the respective duties of the local vaccination authority (the board of guardians) and the local sanitary authority, which this well-timed pamphlet will serve to clear up. The provisions of the law and the course which the vaccination authority is required to take when small-pox is prevalent, as well as the proceedings which should be adopted by the sanitary authority in respect of isolation and disinfection, are very lucidly explained. The pamphlet will be found of great utility to medical practitioners and to local authorities and their officers at the present time.

Children Rescued from Pauperism. By WILLIAM ANDERSON, Chief Reporter of the *Edinburgh Courant*, Author of "The Poor of Edinburgh and their Homes."—If there should still remain sceptics as to the beneficial effects of the boarding-out of pauper children, and of its superior

economy and healthiness as compared with residence in the pauper schools, we would advise them to peruse this interesting little volume. We entirely agree with the author that there is no field of social improvement so full of promise as that of juvenile pauperism, and we cannot doubt that the details given by Mr. Anderson will materially assist in its cultivation.

The Monthly Microscopical Journal. No. 26. February, 1871. Edited by Dr. LAWSON.—This number contains a paper by Dr. Maddox "On the Aeroconiscope, or Air-dust Collecting Apparatus," an interesting paper, to which we have already adverted; "On the Employment of Colloid Silica in the Preparation of Crystals for the Polariscope," by Mr. H. J. Slack; "The Development of Phycocyan," by Mr. White; "The Anatomy of the Round Worm," by Mr. B. T. Lowne; and two papers "On the Microscope," by Mr. Royston Pigott.

Zeitschrift für Biologie, Band VI., Heft IV., 1870, contains a short critique by Krause on Hensen's views of the Structure of Muscle; Researches on the Digestibility of Cellulose in Man, by H. Weiske; a long paper by Ed. Scherer on the Chemistry of the Blood and on Ferments; a critique by Dr. Pettenkofer on Dr. Buchanan's essay, and another paper by the same writer on the newly-constructed canal at Frankfort.

Virchow's Archiv, Band LI., Heft III., contains three papers on the Eye, one by Manz on the Eyes of Monsters, and two on the Regeneration of the Corneal Epithelium by Eberth and Hoffmann; a report of some pathological cases from the institute at Erlangen by Dr. Arnold Hiller, and another of some cases at Hamburg (under the care of Dr. Engel-Reimers), by Dr. J. Reincke; a case of Osteoma by Dr. W. Ebstein; and some minor communications, including one on Prostitution in China, by Dr. W. Stricker.

ROYAL COLLEGE OF SURGEONS.

PROFESSOR ERASMUS WILSON'S LECTURES ON DERMATOLOGY.

LECTURE IV.

MR. WILSON in this lecture proceeded to speak of three other diseases which he includes under eczematous affections—namely, scabies, lichen, and impetigo. He observed that the lesion of eczema and of scabies were the same, the diagnosis of the two being made by the discovery of the acarus in the latter case. Scabies most often assumed the form of eczema papulosum, but not uncommonly of E. vesiculosum or pustulosum. Attention was called to the capabilities of plaster-of-Paris casting for the delineation of eruptions of the skin; as shown by the casts before the lecturer. The papule element of scabies, Mr. Wilson proceeded to point out, had been termed lichen; true lichen, however, was monomorphic. A drawing of the back of a man whose skin, irritated by a stimulant liniment, was covered over with red points produced by follicular inflammation was exhibited as representing so-called lichen, and it was affirmed that had the applied irritant been more potent in operation, exudation would have followed, giving rise to eczema; in fact, the case showed that so-called lichen was a stage of eczema—an eczema papulosum. The diagnosis of true lichen should turn on the question whether it was an idiopathic affection or merely a part of a general disorder. Two instances of true lichen, in which papulæ form the only and permanent lesion—viz., lichen planus and marginatus—were described. Speaking of the forms assumed by varieties of different diseases, Mr. Wilson explained that they were accounted for by the anatomical distribution of lesions—the follicles in one, the papillary layer in another, the interfollicular parts of the skin in another case being affected, &c.—and to the varying intensity of the case; conferted varieties of disease, resulting from the action of a general cause in great potency, discrete eruptions from the same cause in a weaker degree, localised disease being the result of local causes, patches being also accounted for by the implication of certain areas related to the distribution of particular nerves. The characteristics of lichen planus were said to be the occurrence of dull red papules, seated at the hair follicles, covered by very fine adherent scales, having a shining aspect and a flattened apex, which is depressed in the centre, where it exhibits a hilum plugged by epithelial matter and occasionally plugged by a hair. The disease leaves behind dull red stains, and is accompanied by much irritation. Lichen marginatus was described as a chronic inflammation of the follicles, accompanied by itching, of a chronic course, having a predilection for the perineum and the fork of the thighs; the centres of the patches being dull and scaly, the border bounded by distinct papulation, the tissues being in some cases generally thickened. This affection, called Indian and Burmese ringworm, is the same as the eczema marginatum of authors, and Mr. Wilson did not attribute to it a parasitic origin. The lichen planus was regarded as identical with the lichen ruber of Hebra. The lichen urticatus of children Mr. Wilson regarded as allied to urticaria and as properly falling under the head of the latter. Impetigo was ranked as an eczema pustulosum, and in its sparse form affects the follicles; it might be regarded as a catarrhal folliculitis.

THE NAVY ESTIMATES.

THE navy estimates for the year 1871-72, which are just published, show a gross total of £9,756,356, against £9,370,530 of last year, or a net increase of £385,826. Of course there has been an increase and a decrease on different votes, the principal items of increase being those of £69,345 on victuals and clothing for the fleet, £89,066 for dockyards, £58,875 for naval stores, and £285,543 for steam machinery and ships built by contract. Votes 8 and 12, which deal with the naval hospitals and medical stores respectively, have undergone different fates, the former having increased by the modest sum of £176, and the latter being diminished by no less an amount than £5550.

The items of Vote 8 for medical establishments at home and abroad have undergone very slight alteration, and this is due principally to variations in the pay of the medical officers serving in them. Haslar Hospital is put down for £14,419, Plymouth Hospital for £10,426, Haulbowline for £1654, Yarmouth for £4194, and the sick quarters at Portland for £438. The whole of the medical establishments abroad are put down at £18,101, and the Marine Infirmaries at Chatham, Portsmouth, and Deal take only £8424.

The vote for Medicines and Medical Stores, which, as already remarked, has diminished by £5550, takes £78,100, against £82,150 last year, the decrease being due to a reduction of £2500 on drugs and instruments, and of £4800 on the cost of carrying out the Contagious Diseases Acts; but this is partially counterbalanced by an increase of £2450 in the cost of hospital stores, and of £600 for sick quarters. Under this vote also there is a further abatement of £1500 to be made for additional payment for the maintenance of Greenwich pensioners in the naval hospitals.

THE PARTRIDGE TESTIMONIAL.

To the Editor of THE LANCET.

SIR,—Will you allow me to make your journal the medium for expressing my thanks to those former and present pupils who originated and subscribed to the very handsome testimonial which has been presented to me through the chairman and treasurer of the committee? The value of the gift, great in itself, is, in my estimation, much enhanced by the spontaneous kindness which prompted it.

With all those whose names I read in the subscribers' list I have had intimate and pleasant relations, and many of them I count among my dearest friends.

It is difficult to express how much I appreciate this testimony of their regard, but I may at least say that I shall always hold it in grateful remembrance.

I remain, Sir, yours obediently,

New-street, Spring-gardens, S.W., February 21st, 1871. RICHARD PARTRIDGE.

THE LANCET.

LONDON: SATURDAY, FEBRUARY 25, 1871.

A VARIETY of representations have been made to us in order to deprecate by anticipation our expected criticism of the desire which exists in certain quarters to appoint Dr. LIEBREICH to the charge of the ophthalmic department of St. Thomas's Hospital. Notwithstanding such appeals, we do not think we shall be generally accused of undue insularity of mind when we protest most strongly, and on principle, against placing any foreigner in such a position. We do so on the broad ground that office in the great hospitals of London is looked to by London men as one of the best and highest rewards for the good and honest work to which it is the incentive, and as a field in which more good and honest work can be carried out. To give this reward to a foreigner who has not been resident amongst us, but who was regarded, prior to the proposition, as a mere chance visitor cast upon our shores by the storm of war, seems to involve a neglect or forgetfulness of the good old maxim that people should be just before they are generous. The medical staff of St. Thomas's, in even for a moment encouraging the proposal, acts like the petted heiress, who tries to throw her charms and her fortune into the arms of a whiskered and *soi-disant* count, and who requires relegation to the nursery and a week upon bread and water in order to restore her to her proper senses. The advocates of the appointment talk about free trade in science. The conceptions of trade and of science are so essentially distinct that they could hardly be brought into a single sentence, except by way of antithesis, by anyone imbued with a truly scientific spirit; and, moreover, the analogy sought to be suggested is wholly fallacious. To appoint Dr. LIEBREICH to St. Thomas's would be to tell English surgeons that they are liable at any moment to be deprived of the prizes of industry by persons whose work has lain elsewhere, and would thus serve to diminish the inducements, already not too numerous, which lead young men to devote themselves to the oftentimes arduous struggle of waiting for practice in a great metropolis. There can be no doubt that French or German surgeons would be quite ready to fill all the offices at St. Thomas's; and that sufficient Germans, especially, might be found to render medical reform uncalled for, by superseding native practitioners altogether. Until we are prepared for either of these contingencies, we had better take our stand upon the question of principle, and oppose a dangerous innovation at the beginning.

Our objection being thus fundamental, it is hardly necessary to refer to minor and collateral issues; but we may, nevertheless, point out that any competition between Englishmen and foreigners for hospital office would often be most unfairly weighted in favour of the latter. People who have no intimate knowledge of a special department of surgery have no means of accurately estimating the relative merits of its several professors; and, with the vulgar of all ranks, the unknown represents the great. The Englishman has grown up amongst us, and we are as well acquainted with his weaknesses as with his strength. The strength of the foreigner is exaggerated by report, and his weaknesses are concealed by that distance which, with men as with scenery, so often lends enchantment to the view. In this very instance, for example, we have heard Dr. LIEBREICH mentioned almost as if he were a member of that small inner circle of ophthalmologists whose nationalties may be said to be concealed behind their fame.

It is also important to consider what effect the appointment of a foreigner would have upon the usefulness and teaching power of the department. A few weeks ago Dr. LIEBREICH spoke no English; and, however diligent or successful he may be in acquiring it, much time must elapse before he will be able to converse freely with uneducated people, to make himself intelligible to them, to follow their idioms or their dialects, and to arrive at truth from their frequently disconnected and inconsequent replies. His dialogues with patients would be constantly misleading, often grotesque, and sometimes painful. Imagine him trying to obtain from a nervous woman the clue to a doubtful history of syphilis, or dealing with a frightened or refractory child! If we add to this the influence of the continental custom of considering a hospital patient rather as an assemblage of phenomena than as a human being, it does not need much knowledge of the London poor to predict that they would eschew St. Thomas's, and would seek advice for their bad eyes elsewhere. Students, too, require to be allured by facilities rather than repelled by difficulties; and no man can be an efficient and attractive clinical teacher in any language of which, in all its inflections, he is not perfect master.

We should probably, for the present at least, have omitted mention of this matter, in the hope that common sense would ultimately prevail in the counsels of all concerned, had it not been for the kind of challenge to which we have referred. We are now compelled openly to express an opinion adverse to the projected appointment. We hold Dr. LIEBREICH in esteem and respect; and, if it pleases him to remain in London, we trust that he will be saved from his friends, and that he will find here an undisturbed and pleasant resting place. But our esteem for him must not betray us into forgetfulness of duty; and, in the name of the profession in this country, we protest emphatically against a gratuitous and unwarrantable insult to English ophthalmologists.

IT is an odd kind of consolation, but there is some comfort in the fact, that we are far more likely to die of other diseases than of the one disease of which everybody is speaking, of which we are sick of hearing, and against which we all have the means of protecting ourselves. Four times as many people die just now of bronchitis and pneumonia as die of small-pox; at any rate this was the proportionate mortality of these diseases according to the report of Dr. BALLARD and the returns of the deaths registered in Islington during the four weeks of January. There were 118 deaths from affections of the respiratory organs, as against

28 deaths from the much-dreaded epidemic that is receiving such universal attention. There were twice as many deaths from tubercular disease alone as from variola. There were nearly as many deaths from diseases of the organs of circulation as from small-pox. In these facts we have the clue to the other duties devolving upon practitioners at this time, and in regard to which it is now our intention further to speak.

We have already spoken of the chronic diseases affecting the chest. We need not revert to that class of cases further than to say that they really make up the bulk of the diseases of the respiratory organs that end life. To read the older writers one would think that acute disease was the thing to be dreaded; but little experience is needed now to show that, barring cases of the zymotic class, life is endangered generally by chronic maladies—maladies that have recurred more than once, or been more or less continuous for a length of time. Perhaps it would be more proper to say that the class of cases which imperils life is the subacute class. It is really not common to meet with fatal cases of inflammatory disease beginning sharply with a decided rigor at a given hour, and running a quick course. A delicate child of tubercular or rachitic diathesis, and liable at all times to a little catarrh, goes on very well till it lapses into some degree of the febrile condition, and greater embarrassment of the breathing function, but having neither a very high temperature nor extremely embarrassed respiration. Death happens generally in such cases by slow asphyxia and exhaustion. Or an elderly person, who is seldom without some degree of cough in the winter season, gets an unusually bad cold, with extra cough and elevated temperature. The case at first sight may not be urgent, but it does not get better. It goes on from day to day without improvement, or getting slightly worse, till bronchitis becomes more extensive or intense, or passes into pneumonia, the breathing gets worse, and the patient dies. The important point, even in regard to these fatal subacute cases of chest-disease, is, that they are not sthenic; they will bear no active treatment. Occurring in the infantile period of life, it is almost as important to consider the diathesis of the child as the local affection, and all through the disease to uphold the power of the patient. This does not necessarily mean the administration of stimulant; but it means the administration of nourishment and the avoidance of remedies that lower vitality. In many of the fatal infantile cases, the subacute or acute attacks of chest-disease come on after or as a part of measles or whooping-cough. Under these circumstances it is the more necessary to remember that depressing measures are out of place, and sure to be injurious. In the diseases of the respiratory organs occurring in older people there is an equal intolerance of depressing treatment. The acuter forms of pneumonia will do perfectly well, in the majority of cases, where there is no serious organic disease and no great amount of senile degeneration of tissues, without bloodletting, and even without antimony. This has been abundantly shown by Dr. BENNETT, Dr. WATERS (of Liverpool), and others. Generally speaking, the acuter the disease the less fatal it is, and the more readily does it yield to sensible and simple measures, of which an equable comfortable temperature, large warm linseed poultices, and a diaphoretic saline, with a few drops of antimonial or ipecacuan wine, in the first instance, are the most important. The use of large or depressing doses of tartar emetic in pneumonia is now entirely abandoned by good practitioners, and in many cases doses of ipecacuan wine will have a markedly beneficial effect. The same remark may be made of the use of mercury. It is astonishing how an acute pneumonia with high temperature and a good deal of local pain will yield to such treatment—how the temperature will come down, the pain be relieved, and the leisure of breathing be restored. Where such results do not follow, it is doubtful whether any severity of treatment, local or general, will give relief; and it is capable of greatly exaggerating the suffering by weakening the heart. One fine point in the treatment of such cases is the administration of stimulants; and it is one which cannot be settled by any dogmatic rules. The fitness of them is to be determined by their effect on the temperature, the strength, and the comfort of the patient. If he is doing tolerably well without them, they are unnecessary and may be injurious. If he shows any indication of weakness, they should be carefully tried. It is very certain that, on the one hand, they are often administered unduly, to the great discomfort and injury of the patient; and, on the other, that they are often wrongly withheld, from false views of the nature and needs of the inflammatory process. Much will depend on the previous habits of the patient, and something on his age and constitution. If the heart and bloodvessels and the great glandular and secreting organs are pretty sound, the patient is likely to do well on a sensible and expectant treatment, characterised by no extremes. In the valuable series of cases to which we have alluded, a small quantity of wine, four or six ounces daily, was given in the course of the disease.

The climatic conditions of winter are favourable to the development of other fatal maladies besides those of the respiratory organs. It would seem the favourable time for the development of all kinds of constitutional weaknesses and tendencies to organic disease. Faults of the heart, of the bloodvessels, of the brain, of the liver and kidneys, disclose themselves more frequently and severely in winter, and make up an anxious and unsatisfactory part of ordinary medical practice. Phthisical patients are apt to break down; atheromatous bloodvessels are apt to give way, causing apoplexies, or to become hopelessly passive and distended, giving rise to fatal congestions. The whole body seems lowered by the conditions of winter, and to a certain extent devitalised. These are states over which our art has only a very slight and indirect remedial power. We cannot remove frost. What we can do is to forestall the effects of winter by good advice—to prescribe counteracting measures of food, clothing, firing, and flannel to those who betray any of the faults we have specified. Diseases in themselves slight will be rendered important by organic defects in the principal organs. It is not necessary to explain all these to the patient, who may be inclined to think that his doctor pays him a disproportionate amount of attention. But, for all that, we must be on the alert, and quick to perceive the first insidious effects of cold in disorganising or devitalising the tissues and organs of the body.

AN interesting paper has just appeared in the Transactions of the American Otological Society, by Dr. GREEN, "On some of the Physiological Effects of a Short Exposure to a considerable increase of Atmospheric Pressure." The more important amongst recent observations on this subject possessing a scientific value with which we are acquainted have been those of VIVENOT in 1860, BUCQUOY in 1861, LANGE in 1864, PANUM in 1868, and G. v. LIEBIG in 1869. VIVENOT's experiments were made in a properly-constructed iron chamber, large enough to contain ten or twelve people, into which air was driven by a small steam-engine. The pressure was gradually increased for half an hour, then allowed to remain stationary for an hour, and then slowly allowed to resume its ordinary amount: the mean natural pressure being 770·87 mm.; the maximum to which the subjects of the experiment were submitted for the one hour was 925·04 mm., or about one-fifth higher. The general results obtained were that the pulse became slower by about ten beats per minute; the number of respirations was also reduced by about two in the same space of time. The secretion of the respiratory mucous membrane was diminished; but the urinary secretion was augmented. BUCQUOY's investigations were pursued in the diving-bell employed in laying the foundations of the beautiful bridge at Kehl, which has recently been blown-up in the course of the war operations. The pressure here was much more considerable, amounting to three atmospheres, or upwards of 45 lb. on the square inch. BUCQUOY's results partly corroborated those of VIVENOT; but differed from them in some respects, and notably in the circumstance that, instead of a diminution in the number of the pulse, there was a marked increase, perhaps due to the accumulation of carbonic acid in the bell. LANGE's experiments were conducted at a pressure of about 300 mm. greater than ordinary. He found the ease and depth of the respiratory movements increased; but their frequency as well as the number of the cardiac beats diminished. There was also slight diminution of the temperature under the tongue. PANUM's experiments were chiefly directed to the investigation of the chemical changes in the respired air induced by exposure to increased pressure. He found that the amount of carbonic acid exhaled varies with variations in the quantity of air inspired; that, comparing the respiration of equal volumes of air at ordinary and increased pressure, more carbonic acid is eliminated in the latter case; but that if equal weights of the air under the two circumstances are compared, the quantity of that gas excreted is smaller. G. v. LIEBIG, experimenting under a pressure of 320 mm. in excess, was unable to discover any remarkable difference either in the amount of air respired or of carbonic acid eliminated. Dr. GREEN's observations were made in an air-chamber employed in excavating the foundations for piers over the Mississippi at St. Louis. The pressure amounted to no less than four atmospheres, or 60 lb. on the square inch. The entrance to the chamber was through an air-lock, in which the pressure was gradually increased in the course of from five to ten minutes to the maximum. The temperature was a little above that of the external air. The increased oxidising power of the condensed air was shown by the rapid wasting of the candles, and by the fact that a candle when blown out rekindled spontaneously from the glowing wick. It was found that the time of labour of the workmen had to be reduced, as the pressure increased, from spells of six hours twice a day to one hour at a time, with three hours of rest; and during the last stages of the work a remarkable form of paraplegia broke out amongst the labourers, and twelve (at least) died. The exit from the air-chamber was attended by a marked reduction of temperature, which gave rise to frequent catarrhs. Whilst in the lock the pressure increased at the rate of about 1½ oz. per second on each square inch. In the course of three or four seconds a distinct sensation of tension of the tympanic membranes was experienced, which was relieved at once by the experiment of VALSALVA (i. e., inflation), by the act of swallowing, or by contraction of the palatine and pharyngeal muscles. In a few seconds more the sensation was reproduced, and had to be relieved by one of the above methods, of which inflation was soon found to be the most convenient. No peculiar sensations were observed whilst remaining in the chamber; slight exertion, however, caused acceleration of both the respiration and the cardiac beats. The ticking of a watch was unusually loud. The voice seemed changed in timbre; it was found to be impracticable to whistle. On returning from the chamber through the lock the condensed air escaped from the tympanum through the Eustachian tube in a series of little puffs. On one occasion the air was admitted into the lock too rapidly, and the tympanum of one ear of the inmate ruptured with intense pain; frightened, he insisted on immediate release. The air was let out too rapidly, and hæmoptysis, not however to a serious extent nor persistent, occurred as he stepped out of the lock.

WE have refrained of late from saying much about the Contagious Diseases Acts because the subject, in all its bearings, was being investigated by a Royal Commission. Many attempts have been made to break down the statistical evidence of the diminution of disease that has ensued at the stations under control of the Acts; and almost as many allegations have been made at different times to show that the working of them has led to grave mistakes, abuses, or an unwarrantable interference with the liberty of the subject. Now, as far as the Legislature takes cognisance of the presence of a grave source of danger, and interposes its authority to prevent or limit the extension of it, we hold the Government to be perfectly right in principle. The enforcement of the Compulsory Vaccination Act interferes, and rightly interferes, with the liberty of every individual unit of the population for the safety of the people as a whole. The recognition of the liberty of the subject is a very wholesome principle of action so long as it does not imply that the liberty of one subject is to be exercised at the expense of that of a good many others. We endeavour to control noxious trades for the same reason that we try to control the spread of contagious diseases—viz., the protection of the commonwealth. The class of women embraced under the operation of the Acts have elected to gain their living by an immoral and degrading traffic of their persons, the result of which is that they will, if left alone, as Mr. JAMES R. LANE tells us, con-

tract venereal disease at the rate of about 300 per cent.; or, in other words, each woman will become diseased on an average three times in each year, spreading contagion to all with whom she associates, until she is compelled by physical suffering to desist from her occupation. We have lately perused two pamphlets, published by Mr. JAMES R. LANE and Mr. BERKELEY HILL: the one dealing with the facts respecting the Contagious Diseases Acts, and the other with their statistical results. Both the writers, as it seems to us, successfully dispose of the alleged facts and incorrect reasoning of Mr. DUNCAN M'LAREN, M.P. We should like to see these pamphlets widely circulated; for they afford a good deal of information, and are calculated to remove much of the misconception that exists. It is, of course, probable that these Acts will not be extended to the civil population; nay, it is very possible that those already in existence may be repealed, in consequence of their unpopularity with the constituencies of large towns. It would be impossible, with our representative form of Government, to carry into effect measures, however important in their hygienic character, which were opposed to the wishes of the people. This, however, we will say, that almost all those who have the best means of knowing the necessity for such legislation are agreed on the matter. It is the fashion to admire the military organisation and the endurance of the Germans; and we might learn a lesson of them in this as in some other respects. That a large diminution of disease has resulted from the operation of these Acts is demonstrable. Take one illustration: A large number of the Lock Hospital beds—as at Devonport, London, Chatham, Aldershot, and Portsmouth—have been for some time unoccupied; results very different from those obtained in 1868. At Colchester the amount of venereal disease among the troops used to be very large, but at present there is no case of recently contracted primary syphilis among them.

If we turn to the religious or moral aspect of this question, there cannot be the least doubt that the working of these Acts has been attended with a larger amount of reclamation and good among the women themselves than any other attempt that has yet been made. We have heard some terrible accounts of occurrences from time to time in connexion with the carrying out of these Acts; but every case of alleged abuse that has been rigidly inquired into has—at least so we are informed—broken down. All we can say is, that the confidential instructions issued by the Admiralty to the visiting surgeons have been drawn up with the utmost care, with the view to guard against such abuses, and to carry out the provisions of the Acts with due consideration for the women themselves. In the quarter ending Dec. 31st last, the total number of women admitted into the Lock Hospitals at all the stations in Great Britain and Ireland was 1098, being an average of 9 per cent. of those examined. Of this number, 645 were uncomplicated gonorrhœa, 249 venereal and syphilitic ulcers, 158 constitutional forms of syphilis, and 46 venereal warts.

A MEETING of the Executive Committee of the General Medical Council is to be held this (Friday) afternoon at Soho-square, when, doubtless, there will be considerable jubilation at the announcement of the Government's disinclination to take up medical reform.

Medical Annotations.

"Ne quid nimis."

SUBSTITUTES FOR ALCOHOL.

IN a very interesting paper on "Women and Alcohol," the *Spectator* discusses the recent article on feminine intemperance which appeared in THE LANCET, and winds up with an appeal to us to answer an exceedingly practical question. We are asked to say whether there is any drug, or any modified plan of diet, which will enable persons who are necessarily subjected to the strain of life in London society, entailing as it does an insufficient amount of sleep, to dispense with the use of alcohol at night. The question is a serious one, but the only honest reply must be an almost unconditional negative. There is no drug known that has any such power, if we except the Peruvian *coca*, as to which, after all, the accounts are exceedingly conflicting. The problem being to get an utterly abnormal amount of work out of the human muscular and nervous systems, one would say, *a priori*, that it was a question of nutrition; and, in fact, there can be little doubt that the immense superiority of alcohol to all mere stimulant drugs, in supplying extra force, is because it is (up to certain somewhat variable doses), an easily oxidisable hydrocarbon. The readers of THE LANCET do not need to be told, however, that we entirely object to the employment of alcohol for these extra spurts; at any rate it is most dangerous to encourage the mixed multitude, especially the women, to rely on this support. Under these circumstances we fear that there is little hope of checking that variety of alcoholic intemperance which springs from excessive night fatigue, undergone by delicate and nervous persons, unless London society were to take the strong step of introducing a radical change in the hours of evening entertainments. Most devoutly do we wish that such a thing were possible, and we will hope against hope that we may live to see it done. Meantime there is just one consideration, touched upon, indeed, by the *Spectator*, which affords a chance of some limited protection against the evils entailed by our foolish social customs. Although it is impossible for girls to digest such large and heavy late evening meals as would alone afford force sufficient to support them uninjured under the abnormal fatigue of fashionable evening amusements, something might well be done in the direction of improved nutrition. Milk forms the basis of a number of modern semi-farinaceous dishes, which a clever cook can flavour with endless variety; and we believe it might be not impossible to gradually introduce the custom of eating these in considerable quantity at other times than those of the meals, without any alcoholic accompaniment. But, at any rate, let there be no misunderstanding about one thing: *force cannot be had without nutritive material.* It is for the respectable matrons of Belgravia to say which of three courses they prefer to take: they can, if they please, reduce the strain which they at present throw upon their daughters' energies, and enable them to live in the way which alone is physiologically suited, or æsthetically appropriate, to healthy maidens—viz., with little or no alcohol; or they can educate the young ladies to eat a great deal more food than they do at present; or they may continue the present state of things, which involves an inevitable and not very small percentage of such excess as suffices, at least, to rob female life of its poetry, its enthusiasm, and its refining influence over mankind. Such is the choice presented to the mothers of our immaculate British society; but, to say truth, we fear that these magnificent dames care little about the whole affair.

"THE TIMES" AND THE MEDICAL BILL.

THE article in *The Times*, on the question of medical reform, to which we called attention last week, seems to have attracted singularly little notice. It was a curious composition, made up in almost equal proportions of statements that were diametrically opposed to facts, and of other statements that bore no discoverable relation to them. The editor of this journal felt it to be his duty to address a letter to *The Times*, which we regret to say, however, did not appear, pointing out some of the chief errors into which the writer had fallen or had been led. It seems fitting, therefore, that we should state the chief grounds on which we joined issue. We denied that the present Medical Council had done good service, or, indeed, any discoverable service whatever, either good, bad, or indifferent; and we traced the slight improvement that may have taken place in medical education simply to the natural progress of events. We pointed out the absurdity of shutting up together the delegates of corporations that had gone astray for years, and of expecting that these delegates would entice one another back to the paths of virtue and wisdom. We showed that the claim of the profession to a large share in the election of the Council for which it pays was founded upon the old constitutional maxim that taxation without representation is tyranny; and we altogether denied that the Government Bill of last session had been defeated or impeded by any "party" in the profession, its rejection having been the result of its having combined, in unanimous opposition, all who were affected by its provisions. It would have left the Council as cumbrous, weak, and divided as at present, and would have given the Privy Council a veto over all its decisions. To this there would have been less objection if the Council had been so reformed as to become strong and respected; but the spectacle of a weak and disunited professional body, perpetually sat upon by an active and energetic department of the Government, would not have been conducive to good results of any kind. *The Times* has, however, done good service by pointing out how thoroughly the public is interested in the question; and how great are its claims upon the attention of the Government. We trust it will not be possible, even if the present session should pass by without a measure, for effectual legislation upon medical subjects to be much longer delayed. It is among those domestic reforms that are imperatively demanded by the state of science and of society.

THE UTILITY OF FLOATING HOSPITALS.

WE take it to be a settled question that hospital ships at permanent moorings, used continuously for the reception of the sick, are, in matters sanitary, a delusion and a snare. Acting upon this conviction, the Seamen's Hospital Society vacated their floating quarters, and we trust that their example will soon be followed by the authorities of the *Hamadryad* at Cardiff, and all other directors of permanent ship hospitals, whoever they may be. But the unwisdom of perpetuating insanitary lines of action need not in any way influence the adoption of temporary expedients to meet special emergencies. It is well known that during the last three epidemics of cholera in England, the Admiralty sent a hulk to the Thames, at the request of the Seamen's Hospital Society, for the reception of cholera patients, and that the plan succeeded admirably. And hence it seemed to us that a suggestion which appeared in *The Times* on Monday last, to the effect that the *Dreadnought* might be utilised for the reception of small-pox cases, was both good and proper. And we were somewhat surprised to read on the following day, in the same journal, the remarks of Dr. Bridges, one of the Inspectors of the Poor-law Board, on the subject, who asserted that "the ship could not give the cubic space required for this epidemic, and that even a large vessel like the *Dreadnought* could only provide for a very small number." It would appear, however, that Dr. Bridges had not made himself acquainted with the cubical capacity of the *Dreadnought* before making this assertion, for we have since learnt that it is represented by 220,500 cubic feet. So that, whatever may be "the cubic space required for this epidemic," the *Dreadnought* could at all events accommodate at least 100 patients—i.e., a twelfth of the number now provided for by the Metropolitan Asylums Board for the entire metropolis. The ship could be fitted up cheaply and quickly, all furniture &c. could be utilised elsewhere hereafter, and the "isolation" recommendation is paramount. There is no one of course to urge the plan on behalf of the floating population of the Thames, and the Thames Conservators do not appear to care one jot or tittle for the sanitary condition of the river. But we are enabled for once to recommend a scheme that will please the pockets as well as the consciences of the ratepayers, and so advise guardians of waterside parishes to apply to the Admiralty for a temporary loan of the *Dreadnought*, and if need be of the half-score hulks with which the Medway is at the present time encumbered.

THE KEEPING AND DISPENSING OF POISONS.

IN view of the approaching annual meeting of the Pharmaceutical Society, and in order to remove several groundless objections to the position they have assumed, and notably that they are acting in servile obedience to the Privy Council in proposing regulations for the keeping and selling of poisons, the Council of the Society have issued a long statement of the reasons which have induced them to suggest such regulations, that we would hope will smooth the way for an early agreement amongst pharmaceutists on this vexed question. Since we last referred to this subject, Mr. Simon has informed the officials of the Pharmaceutical Society that it is most desirable that regulations should be adopted as regards not only the safe keeping, but the proper dispensing, of poisons; and, in accordance with this expression of opinion, the Council of the Society have provided, in their contemplated regulations, that all liniments, embrocations, and lotions containing poisons shall be sent out in bottles readily distinguishable by touch from ordinary medicine bottles, with affixed labels giving notice that the contents are not to be taken internally. The Council in their statement point out that, in 1865, in the Bill of the United Society of Chemists and Druggists, poisons clauses were prominently introduced, and a committee of the House of Commons reported that it was desirable to legislate on the subject. Again, when the Pharmacy Act of 1868 was before the House, propositions were made to render poisons clauses so restrictive "that, had they passed into law, the trade of a chemist and druggist would have become almost impossible"—clearly indicating the opinion of Parliament as to the necessity of making due regulations for the keeping and dispensing of poisons. The Legislature, however, committed to the Pharmaceutical Society the privilege as well as the responsibility of arranging details. In accepting the Act of 1868, pharmaceutists accepted the duty of making proper poison regulations. The Privy Council rightly understand the matter in this light, and we are sure will not permit public expectancy to be disappointed, or the public safety to be jeopardised, on account of a trade opposition which is as selfish as it is unreasonable. We need scarcely add that the proceedings of the Council of the Pharmaceutical Society have our cordial approval.

THE PROJECTED HOSPITAL FOR WOMEN AT BIRMINGHAM.

WE hear from Birmingham that the promoters of a special hospital there for the Diseases of Women are earnestly gathering their forces for a public meeting, fixed for the 3rd proximo, and that no pains will be spared to obtain resolutions in support of the proposal. A very excellent letter has appeared in the *Birmingham Daily Gazette*, pointing out some of the difficulties in the way of the projected institution, and inquiring whether the existing charities could not be made to supply the want. We feel that here is the true solution of the matter. The Queen's Hospital has recently constituted a department for female diseases, under the care of Mr. Clay, but has only been able to allot to it two beds. The General Hospital should follow the good example thus set, and should do so on a more extensive scale. There can be no doubt that there is a want of accommodation for the cases in question, and it is equally certain that such accommodation cannot be afforded as part of the ordinary work of a general hospital. It can be done only by a special hospital or by a special department. Where there is a superabundance of money, the chief objection to a special hospital is that it wastes the time of students in journeys to and fro, and that its arrangements about hours often clash with lectures and other work. Where funds are limited, it should be remembered that every bed in a small special hospital costs much more than a bed in a large one, where the establishment charges are spread over a wider area. If the charitable folk in Birmingham wish to do the greatest possible amount of good with their money, to benefit the greatest possible number of actual patients, and to diffuse knowledge widely among students for the general benefit of the public, they will go to one of the great hospitals with proposals for the formation of an efficient department under a medical officer or officers appointed for the purpose. If they were repulsed, they would then have good reason for establishing a special hospital; but at present they have no case. A separate hospital is the resource of a specialism that is struggling towards recognition; and, when such a specialism can fairly claim a "department," to build for it a new hospital would be a retrogression. The hospitals in which it was originally fostered may still exist, but its actual home should be found in the great charities to which the medical schools are affiliated.

TOOTH-PAIN WITHOUT CARIES.

WE all have met with cases of great pain in apparently sound teeth. Mr. White, at the recent annual meeting of the Odontological Society, made an important contribution to an understanding of such cases. A boy eight years old was brought to him on account of continued pain in a lower temporary canine tooth. The tooth being quite sound and firm, he advised that the gum be well rubbed with spirits of camphor as a counter-irritant, and that the boy be brought back in a week. But before this time had elapsed the boy was brought back with a request that the tooth might be at once extracted, with a view to the relief of the incessant pain. This was done, and the cause of the pain was looked for in the pulp cavity of the tooth by Mr. White, who at a former time had found intolerable pain caused in a young lady of seventeen, in whom all the teeth on the affected side were apparently sound. She referred the pain to an inferior front bicuspid. This was eventually extracted, at the earnest solicitation of the patient, and on being opened the cause of pain was manifested in a globular mass of osseous deposit in the upper part of the pulp. It consisted of nodular dentine pressing the sensitive pulp against the walls of the cavity. In the case of the little boy, Mr. White's scientific curiosity was rewarded by finding in the pulp an osseous deposit unlike either secondary or nodular dentine. It was more like very coarse cementum; but on closer examination it was found more nearly allied to osseous tissue existing in the cancelli of bone. It filled very nearly the whole of the pulp cavity at the junction of its middle and lower thirds, and was pressing the fasciculi of nerve-fibres out of their course. There can be no doubt that this was the cause of the pain. Two months had elapsed, and Mr. White had heard nothing more of his little patient.

THE ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

THE annual meeting of this Society will be held on Wednesday, March 1st, when Mr. Curling, F.R.S., will be proposed for president, Dr. Basham for one of the treasurers, and Dr. Symes Thompson for medical secretary in place of Dr. W. Ogle. We notice that it will be proposed to begin the session of the Society on the second Tuesday in October, instead of the second Tuesday in November, and to terminate it at the end of May instead of June. This will, we think, be an improvement, for the sittings in June are usually very ill attended; and if the Society will adopt the suggestion we made last year, and hold over papers which cannot be read *in extenso* during one session, to the next, instead of "murdering the innocents" by the half-dozen on the last two evenings, there will be no lack of papers in October. The Council recommends the discontinuance of the publication of the Society's *Proceedings*—an event which will, we believe, excite little regret in the mind of anybody.

THE NAVAL DIRECTOR-GENERAL.

A PARAGRAPH in the *Army and Navy Gazette* directs attention to a subject which we have felt some delicacy in noticing hitherto, lest it should be thought that we were unduly pressing the claims of a professional brother. We refer to the persistent way in which all titular honours are withheld from the Director-General of the Medical Department of the Navy, the head of a service towards which the Government professes to be well disposed, but which has hitherto had but little encouragement. The Director-General of the Army Medical Department not only enjoys a larger salary than his fellow of Somerset House, but the successive holders of office at Whitehall have received the distinction of the K.C.B.; whilst from both Dr. Armstrong, and his predecessor, Dr. Bryson, that distinction has been withheld. Again, when the late Sir James Gibson retired from office after a seven years' tenure, he was given an extra pension; but when Dr. Bryson applied for a similar indulgence, he was refused.

On this subject we are glad to find that we are of one mind with Dr. Frederick J. Brown, who, in the second edition of his pamphlet on the Naval Medical Service (just published) urges that there is a strong feeling in the service that the Director-General of the Navy should be put on perfectly equal terms with his brother of the Army, both as regards honours and emoluments; and shows that, though a five years' tenure of office as Director may be beneficial, yet that the holder of it may, under the Superannuation Act of 1859, be eligible for a superannuation allowance.

Dr. Armstrong has, we believe, deserved well both of the department and of the Government. To have carried two great reforms such as (1) the abolition of the Captain-Superintendents of naval hospitals, by which the inspectors become the acting and responsible officers, and (2) the opening of Netley hospital and school to the naval medical department, shows how fully he has the interests of the profession as well as of the service at heart.

ROYAL COLLEGE OF PHYSICIANS.

AT the Comitia Extraordinaria held on Monday last, the proceedings were rather lively. The notorious scheme for making every pretender to medical practice pass under the Caudine Forks of the three London corporations was brought up, and, after a certain amount of squabbling as to the respective shares of plunder out of the fees, it was settled that while the College of Surgeons was to enjoy *one-half* of the total sum, the Apothecaries' Hall was to share the rest equally with the College of Physicians. No one seemed to doubt that this audacious plan for granting the monopoly of medical licensing in England to three medical bodies, who for the last thirty years have done so little for medical education, would be sure to meet with popular, and even Government, favour! We need hardly say that the profession, unless in sheer apathy, can never let this scheme pass the Legislature. And we are not inclined to form so low an estimate of the consistency of the medical officer to the Privy Council to his own repeatedly expressed views as to believe that he will advise Mr. Forster to accept any such scheme. The mass of the profession will surely, in any case, oppose it by every means in their power.

The other little bit of excitement at the Comitia was caused by the startling announcement of Dr. Lockhart Robertson, that he should actually insist on an investigation into the condition of the library, and a thorough inquiry as to the possibility of making it a somewhat less scandalous failure than it is at present. We hope the junior Fellows will join Dr. Robertson heartily in this crusade, for the library of the College of Physicians is at present a mere reproach.

VACCINATION AND VESICATION.

MR. ROBERT ELLIS has at length brought his communications to *The Times*, on the subject of revaccination, to a close. Blistering first, and vaccinating afterwards, is a method of operating that is not likely to be extensively followed, as it adds a disturbing element to a process that ought to be as little complicated as possible. Mr. Ellis has been unfortunate — or should we say fortunate? — in his choice of a medium of communication. *The Times* may be a very valuable medium as far as an influence on the public is concerned, and we can easily understand that, as Mr. Ellis states, he has had a great number of patients wanting to be revaccinated; but the discussion of a strictly medical subject cannot with any seemliness be carried on in it. Moreover, *The Times* has not space for such a discussion, and Mr. Ellis has the question all his own way. We have only seen one case of revaccination performed in the way recommended by Mr. Ellis; and in this case there was great inflammation of the arm. It is only fair to say that the blistering application seems to have been applied rather too freely. Mr. Ellis, speaking from his recent experience, says it has not happened to him to see the production of abscesses or of other symptoms of blood-poisoning after the operation as performed by him. It would have been a great discredit to his mode of operating if he had; for, out of a much larger number than 400 cases of revaccination, one does not expect to see "abscesses and other indications of blood-poisoning." There is an implied charge here against other modes of operating which seems to us unjustifiable. Mr. Ellis draws some general conclusions from his experience. Amongst others, he infers that heads of families are the best-protected persons, and that among domestic servants a very general state of non-protection exists. He infers protection and non-protection from the vesicles produced. He has not succeeded in producing true vaccine vesicles with depressed centres in more than 15 per cent. of heads of families. Mr. Ellis's conclusions require a larger number of cases and particulars than are adduced. We cannot say that our experience leads us to concur with him. Mr. Ellis thinks that the present unwonted success of revaccination is to be attributed to a varioloid atmosphere. We should rather attribute it to more care in the operation of vaccination, to which subject much attention has of late been directed.

THE LANCET MEDICAL BILL.

WE call attention to the letter of Dr. Balbirnie, of Sheffield, which we print in another column, as an example of independent feeling within the British Medical Association declaring itself decidedly in favour of THE LANCET Bill, and against the principles of legislation adopted by the Association's Reform Committee. The letter is interesting also from another point of view. At the very moment when the Reform Committee, in the columns of the Association *Journal*, were complaining of injustice because THE LANCET declined to insert at full length certain resolutions of the Committee which omitted all notice of THE LANCET scheme, this letter from a highly respectable member of the Association was offered to and refused insertion in the official organ of the Association. The members of that body will now understand, a little more clearly than before, how far the Reform Committee's claim to the credit of straightforward dealing in this business will hold water.

RELAPSING FEVER IN CARLISLE.

SEVERAL of the cases of relapsing fever observed in Carlisle, it would appear, are very characteristic. Persons while engaged at business are suddenly seized with headache, pains in the epigastric region, back, and limbs, with rigors, and with severe vomiting, which obstinately continues for some days. A reaction shortly follows the chief symptoms, there being a hot, dry skin, great thirst, full quick pulse (which soon rises to from 120 to 150 per minute), little or no sleep for two or three days and nights, general restlessness, hurried suppressed breathing, face suffused and expression anxious, some feeling of prostration, impaired appetite, giddiness, and intolerance of light and sound. The skin assumes a bronzed hue, or jaundice may appear. Sweating, at first slight, becomes profuse. The tongue generally continues moist, although a white fur covers it; occasionally, however, a dry brown line runs along the centre. The bowels are confined. The urine is either suppressed or scanty and high-coloured; and when allowed to rest for a short time, half or more of the entire volume may consist of deposit. There is enlargement of the liver. Delirium manifests itself during some part of the disease. The eyeballs are affected in some instances. Towards the end of a week from the commencement of the disease, as the symptoms mentioned greatly increase in severity, a crisis ensues; it may be by sweating which saturates the bedclothes around the patient, by a free flow of urine, and by several loose motions of the bowels. To the patient recovery seems so complete that next day after the crisis he is up, and in the course of three or four days, without the permission of his medical man, may go out for a walk or resume business. At the close of an apyrectic week or so of happiness there is a *relapse* of all the former symptoms. This second attack is milder and of shorter duration than the former. A second apyrectic interval occurs, and a *second relapse*, which may be more grave than the primary attack. Those affected by the disease are the improperly and ill-fed people who live in dirty, crowded, badly ventilated houses.

IMPROVEMENTS IN THE VACCINATION ACT.

THE following important propositions for improving the Vaccination Act have been suggested by Mr. Vallance, of Whitechapel; and as they are endorsed by Mr. Liddle, it is to be hoped that due attention will be paid to them by the recently appointed Committee of the House of Commons:—1. Compulsory registration of birth. 2. Gratuitous issue of birth and vaccination certificate. 3. Provision for replacing lost certificates. 4. A legal responsibility cast upon every adult and the parents of every child in regard to possession of certificate. 5. No valid answer to any information before justices but the production of certificate. 6. Means provided for inspection of every person duly vaccinated, but holding no certificate, and for grant of certificate by public vaccinator. 7. Compulsory requirement of production of certificate upon admission of children into schools under Elementary Education Act. 8. Authority to registrars of births to require production of certificate. 9. But one officer to enforce the provisions of the Vaccination Act in a registration district, and that the registrar himself. 10. Remuneration of registrar by fee upon registration of each case of primary vaccination (whether birth registered by him or not). 11. House-to-house medical visitation, for purposes of vaccination, in infected localities during periods of epidemic.

Mr. Liddle complains of the clauses relating to fees for revaccination, and of the absence of any provision for the vaccinator to examine the children in public schools. The forms, notices, and certificates are all too long and complicated, and the amount of clerical work is too great. The payment per case is, in Mr. Liddle's opinion, faulty; he thinks that the public vaccinator should be paid by a fixed salary, appointed by the Government, and that he should be required to submit to the Privy Council reports from time to time on a prescribed form.

DISREGARD OF THE GENEVA CONVENTION BY THE FRENCH.

THE *Med. Cent. Zeit.*, of Berlin (February 4th, 1871), reprints from the *Milit. Woch.* thirty-one cases, from August 6th to December 12th, 1870, where the French offended against the above-mentioned Convention. The spot, the kind of disregard, the results, &c., are carefully tabulated; and, at first sight, the French seem decidedly to blame. But as all the circumstances are not related, and no allowance is made for mistakes and the excitement of battle, judgment should be suspended. The French papers have been ringing with similar complaints, and quite lately the *Gaz. Med. de Lyon* (January 22nd, 1871), states with indignation the case of Dr. de Baudre, travelling from Sedan to Mézières, in the possession of a permit, and with the red cross on his arm. The Prussian outposts annoyed him greatly, and forced him to continue his journey on foot. At Francheville he was prevented from going further by the captain of a Prussian guard, and was obliged to turn back. On his road he was fired upon by a sentry, whereupon the doctor immediately showed his red cross, and waved his white handkerchief. At this moment he received a ball in his chest by the hand of an officer who, seeing that the sentry had missed, took a gun and a surer aim. The unfortunate man was carried into a house, where two Prussian surgeons attended to him. He died the next day, and was refused the consolation of seeing his young wife.

Two other victims are to be added — Dr. Morin and M. Milliat. Both are stated to have been killed by the Prussians at Hauteville, whilst attending to the sick in an ambulance. The latter, resident-surgeon to the hospital of Lyons, was shot at the door of the house on which the Geneva flag was displayed; and the unfortunate Dr. Morin, who had travelled much in Germany, and had translated some German medical works into French, was battered down within the house whilst expostulating with the infuriated Prussian soldiers in their own language.

PREVIOUS EPIDEMICS OF SMALL-POX IN LONDON.

THE Registrar-General publishes some statistics of former visitations of small-pox in the metropolis which are worth recording. In the thirty-one years 1840-70, small-pox caused altogether 25,071 deaths in London; and the disease may be said to have been epidemic nine times during that period—namely, in 1840-1, 1844-5, 1847-8, 1851-2, 1854-5, 1859-60, 1862-4, 1866-7, and 1870-1. The greatest fatality was in 1844 and 1863, when 1804 and 2012 deaths respectively occurred. Nearly all the epidemic periods began in the autumn, and lasted from one to two years. The most severe visitation, although of comparatively short duration, was that of 1840-1, when the highest weekly mortality in the thirty-one years—namely, 102 deaths in the last week of 1840—occurred. During the past nine weeks the deaths have averaged 152 per week, while in an equal number of weeks in 1840-1 the average was only 71 per week. The present epidemic is, therefore, far more severe than any previous one of which there is accurate record—that is, since the systematic registration of deaths was established.

BURGLARY AND CHLOROFORM.

UNDER this title we find a sensational story in the newspapers about a lady at Stamford-hill, who went upstairs to her bedroom, and was there seized by a man and a lad, who applied a wet handkerchief to her nose and mouth, and rendered her insensible. The men completed a robbery, and escaped; and the lady was found insensible, and did not recover for some time. Two medical men are stated to have concurred in the opinion that she had taken chloroform. The recent jewel robbery is also said to have been effected by the aid of chloroform—not administered, however, until the individual had been secured and prevented from making any opposition; but the general experience of the profession is so completely opposed to all such stories that we should much like to hear of their being sifted. The time required for the administration of chloroform would usually prevent it from being employed by thieves or for bad purposes; and it is far more likely that the lady in the case referred to had simply fainted from terror. We have never heard of a well-authenticated case of robbery in which chloroform was used; and the common narratives to this effect are often those of people who went into bad company of their own accord, and who, having suffered consequences which involved some disclosure, have had recourse to imagination in order to conceal the truth.

TESTIMONIALS.

WE lately had occasion to place in parallel columns the testimonials given by Sir William Jenner to two gentlemen who eventually became competing candidates for a hospital appointment, and to show how little these documents were calculated to assist lay governors in their choice. We now reprint from a country newspaper a third specimen of the same kind. Sir William writes: "From my personal knowledge of Mr. Z——, I can state that he has a sound and extended knowledge of medicine, is diligent in the discharge of his duties, and generally qualified in the highest degree for the post of resident at any large institution." If we left out the last nine words, would it be possible to

say more of Sir William himself?—and would the precise meaning of the last nine words be perceived by any but a medical reader? The newspaper editor is fully justified in saying, as he does, "*this, in itself, is a very high recommendation*"! More, however, remains behind; and the paragraph quotes other testimonials also, from gentlemen who would probably be equally surprised with Sir William Jenner to see their opinions adduced in corroboration of his. It is painful to add that the whole manifesto is given to the world in order to secure to Mr. Z—— the post of parish doctor, at a stipend of £15 per annum! Truly Mr. Z—— is worthy of better things; or else the testimonial system is greater humbug than even we ourselves had thought it.

THE RESULT OF SANITARY IMPROVEMENTS IN ST. LUKE'S, MIDDLESEX.

THE Vestry of St. Luke's, Middlesex, have at length resolved to put in force the 35th section of the Sanitary Act of 1866. They have been induced to adopt it on account of the great diminution of sickness which has resulted from the general enforcement of sanitary improvements. In the year 1865, the year before the Act was passed, there were 766 cases of fever in the parish; during 1866 there were 572. The Act being now put in force, the numbers were reduced to 207 in 1867; to 179 in 1868; to 174 in 1869; and to 100 in 1870. Every case of fever sent to the hospital had cost the district £2; and, besides this, the families had in many cases to be supported for several weeks out of the poor-rates, whilst every now and then the death of a male parent left a widow and a young family in a state of destitution requiring relief for many years. The Vestry are now convinced of the economy of putting legislation into effect, and the resolution to adopt the 35th section was carried by a majority of 39 to 7.

ST. THOMAS'S HOSPITAL.

WE learn that Mr. Wagstaffe has retired from the candidature for the assistant-surgeoncy, and will be unopposed for the subordinate appointment of resident assistant-surgeon. Mr. Arnott, of the Middlesex Hospital; Mr. Barwell, of the Charing-cross Hospital; Mr. MacCormac, of Belfast; and Mr. West, of Birmingham, remain in the field for the former appointment. The two first-named gentlemen have only recently come forward, and can hardly expect to succeed on the present occasion, as Messrs. West and MacCormac have already been actively engaged in canvassing for several weeks, and each gentleman has no doubt secured numerous friends among the Governors. Mr. Barwell might have stood well in the contest if he had been earlier in the field; but we think he would now increase his popularity by withdrawing. By such a course he would avoid creating a division in the staff of St. Thomas's; who, unless united, may see Mr. West, who is a man from their own school, defeated by a comparative stranger, with smaller claims to such promotion.

EDINBURGH INFIRMARY.

ON Monday the Managers met to consider a communication from the Senatus of the University containing replies to several questions discussed at a late conference between the two bodies as to the sale of the Infirmary. The Senatus (it set forth) were advised that the transaction between the Managers and the University, with regard to the sale, was in every way valid. They had no intention of taking part in the litigation commenced by Mr. Maclaren, M.P., against the Infirmary Managers, but were disposed for the present to leave the affair in the hands of the latter, convinced that these gentlemen would be able to devise some arrangement satisfactory, not only to both the interested parties, but to the public generally.

At the same meeting the Managers agreed to postpone consideration of the subject of the medical education of women.

THE CONTAGIOUS DISEASES INTEREST AT GLASGOW.

Fas est et ab hoste doceri is a maxim which we should like to see obeyed by the profession in its warfare against the "Contagious Diseases Interest." How is it that the energy and self-devotion are all on the side of that mischievous propaganda? We should like to see a counter-demonstration in support of the sound sanitary view, for every such meeting as that announced from Glasgow, where Mrs. Butler, of Liverpool, called upon a gentleman to read her prepared address, which was followed by the moving and carrying of resolutions demanding the repeal of the Acts. At least, if we are to oppose the "Contagious Diseases Interest," let us adopt some better tactics than those of the Glasgow students, whose interruptions to the reading of Mrs. Butler's paper were such that the ringleaders had to be expelled by the police. It is a pity to see a good cause prejudiced by youths whose only apology is that they are "young and curly"; while the bad cause rather gains than suffers from the conduct of the working men, who, in "showing themselves especially hostile to the Acts," do not fail to observe the proprieties.

THE VENTILATION OF THE SEWERS IN LIVERPOOL.

WE regret to observe that the Town Council of Liverpool have resolved to continue and extend the present imperfect mode of ventilating the sewers. In the absence of manholes and flushing apparatus, it is impossible to prevent the formation of deposits, and, without adequate openings on the surface, the foul gases must inevitably escape into the dwelling-houses through imperfect service drains. If the authorities are afraid of such openings as are found at very frequent intervals in every London thoroughfare, they may adopt the protection of charcoal ventilators, like those in use at Croydon. We never yet heard of any harm coming from openings in the centre of the roadway; and if the stench should in any case be disagreeable, attention ought at once to be directed to the foul condition of the sewer underneath. We hope, therefore, that the Liverpool authorities, if not convinced, will wait until the question has been examined and reported on by Drs. Parkes and Sanderson.

THE DISTRESS IN FRANCE.

IT is probable that by this time there are many people who entertain grave doubts as to whether the course pursued by this country, as a neutral power, in spending an enormous sum with the view of directly relieving the sick and wounded soldiers, was a very wise one. The effect of relieving the contending armies of their wounded was, logically speaking, to free the combatants from a great and embarrassing responsibility, and enable them to prosecute their military plans with greater energy. It may sound parodoxical to declare that to succour the wounded men of both sides was not a humane act, but we fear that such a declaration is nevertheless true. Quite otherwise, however, is it with the efforts that have been, and are still being, made to ward off the famine and pestilence that were threatening France. The Mansion House fund has already reached upwards of £100,000. The peasants and a great part of the civilian population of France, on whom this war has fallen with so cruel a stroke, are worthy of every as-

sistance that can be afforded them. The war was none of their making, but they have beheld their crops and homesteads devastated, their young men borne away as conscripts, and themselves ruined. It is to be feared that the distress among these classes will be very great; and where famine comes, pestilence is almost sure to follow, and it is our duty to strive to avert these disastrous results. By all accounts, too, we are earning the gratitude of a nation, and this may prove a more hopeful basis of future alliance than that which is cemented on the battle-field by "blood and iron."

THE SPREAD OF SCARLET FEVER.

THE attention of the Amersham Board of Guardians has lately been called to the conduct of one Colonel Frieth, of Slough, under the following circumstances. Two sisters, named Ayres, were in his service. One of them was attacked by scarlet fever, and was sent home; and the other, who slept in the same room, was sent away also. They were taken to their home at Chesham Bois in a fly, and no statement about scarlet fever was, to their knowledge, made to the driver. After they got home the second sister took the disease, and others of the family also, and one died from it. The Clerk was instructed to inquire and report whether Colonel Frieth had not rendered himself liable to proceedings at law.

The answer to this question, if any can be arrived at, will perhaps be found to depend upon whether some "permissive" bill has been adopted in the locality, or upon whether the Board of Guardians is called the "sewer authority" or not. There can be no doubt, however, taking the statement of the girls to be true, that the conduct of Colonel Frieth greatly endangered public safety. Few things can be more annoying than to have servants falling sick of an infectious disease, but it is not on that account to be tolerated that the infection should be carried with fatal effect into the houses of other people.

A TEMPERANCE HOSPITAL.

THE drollest thing we have seen for a considerable time is a proposal, that seems to be made in all seriousness, to establish a Temperance Hospital, "for the treatment of diseases without the use of alcoholic medicaments." A meeting seems to have been held in furtherance of the scheme, and in due time a committee will be seeking subscriptions. There can be no doubt that, for the fulfilment of certain very definite indications, alcohol is the best medicament that can be used, and that no medical man can be justified, excepting by ignorance of its value, in discarding it from among his resources. If the principle enunciated is to be strictly carried out, the use of tinctures must be abandoned, and this will involve the abandonment of far more than is apparent at first sight.

SEWAGE IRRIGATION AT WEST DERBY.

AFTER a public inquiry by Mr. Arnold Taylor, a provisional order has been issued enabling the West Derby Local Board to acquire a sufficient quantity of suitable land on which to distribute the sewage by irrigation instead of allowing it to run to waste into the sea. It is satisfactory to observe that there was no serious opposition on the part of neighbouring landowners.

THE death-rate from small-pox last week in Liverpool was equivalent to 10·5 deaths annually out of every 1000 of the population; in London the corresponding ratio was 3·5 per 1000. Of the fatal cases in Liverpool, 50 per cent. were returned as "unvaccinated"; in London the proportion was 56 per cent.

THE Lectures of the Royal College of Physicians for the present year will be delivered at the College, at 5 P.M., on each of the following Wednesdays and Fridays. Gulstonian Lectures, "On the Heat of the Body," by Dr. Gee, on March 3rd, 8th, and 10th. Croonian Lectures, "On some points connected with the Elimination of Nitrogen from the Human Body," by Dr. Parkes, on March 15th, 17th, and 22nd. Lumleian Lectures, "On some Disorders of the Nervous System in Childhood," by Dr. West, on March 24th, 29th, and 31st.

THE death of Dr. Sloan, honorary retired Deputy-Inspector of Hospitals, has placed another Greenwich Hospital pension for a retired staff-surgeon at the disposal of the Admiralty, in addition to the two pensions for staff-surgeons and one for an Inspector-General recently announced. We are glad to hear that Dr. Johnston, who has succeeded to the good-service pension recently held by Dr. Wilson, will be entitled to the six months' arrears of pay which have accrued since the pension fell in.

THE Brighton Provident Dispensary has just divided £272 amongst the members of its medical staff. The number of subscribing members, though increasing, is nothing like what it should be, the great obstacle being the facility with which the poor obtain letters for the General Dispensary. No one will give a penny to a society like this, whilst advice for nothing can be so readily obtained. People require to be taught the duty of providing for the time of illness.

SMALL-POX has made its appearance at Newport and Cardiff. As the vaccination arrangements are extremely imperfect, it is to be hoped that prompt measures will be taken to improve them, by carrying out the provisions of the Vaccination Act. The Poor-law medical officers have been requested to report cases of neglect, and defaulters are to be prosecuted.

WE are glad to notice that Mr. Russell Gurney, the Recorder of London, will next week introduce a Bill for the appointing of a Public Prosecutor. The frequent occasions we unfortunately have of regretting failures of justice in medico-legal inquiries from the want of such a public officer make us earnestly desirous of seeing the Bill carried.

"UNEASY lies the head that wears a crown" seems to be true of several European potentates at present. While the King of Sweden is barely convalescent, the Emperor of Germany is said to be breaking up, and the reigning Queen of Spain is dying of miliary fever at Alisseo.

AT a late meeting of the guardians of the Castlebar Union, the salary of the medical officer, Dr. Gordon, was unanimously increased by the addition of £20 a year, the guardians present speaking in high terms of Dr. Gordon's skill and his invariable kindness to the sick poor.

THE Fourth Annual Report of the Registrar-General for Ireland has been delivered amongst this week's Parliamentary papers. It relates to the year 1867, and contains nothing worthy of notice at the present time.

DR. ARTHUR GAMGEE is delivering a course of lectures on "Muscles and Muscular Force" at the Philosophical Institution of Edinburgh.

THE long-looked-for Report of the Royal Sanitary Commission was laid on the table of the House of Commons on Tuesday evening.

THE Oxford drainage question seems to be in a fair way for solution. The plan of sewage disposal which has been adopted by the local board is based on the Croydon system of separating the solid matter and using the effluent water for irrigation.

IN the eight principal towns of Scotland, small-pox caused twenty deaths (all occurring in Glasgow and Greenock) during the month of January, being the greatest number in any month since June, 1866.

THE Humane Society have awarded a testimonial to Dr. Grattan, of Cork, for saving the life of a boy, who went down while skating on Cork Lough in December last.

THE SMALL-POX EPIDEMIC.

THE MANAGERS OF THE ASYLUM BOARD.

THE Poor-law Board have informed the managers of the metropolitan asylums that they are in no way responsible for the policy of erecting asylums, with its necessary consequence of the removal from their homes of patients suffering from infectious diseases, as this was the distinct intention of the Legislature. For ourselves, we never doubted the necessity of isolating small-pox patients, and removing them as rapidly as possible from their overcrowded homes. But we protest against the concentration of four or five hundred cases, under at most two medical officers, in a hospital far removed from the infected locality, and the removal being effected in such a way as to endanger the lives of the patients. All these dangers would have been avoided if the managers had adopted the policy recommended by Dr. Markham — viz., the erection of small movable hospitals on such limited local sites as might have been readily obtained for temporary occupation in the infected districts.

PROGRESS OF THE EPIDEMIC IN LONDON.

We have made a perfectly fruitless attempt to obtain some information as to the progress of the small-pox epidemic. We requested the various medical officers of health to forward us a simple return of the number of fresh cases which came under their observation during the week, either by direct report or incidentally for the purpose of having clothes and rooms disinfected under their direction. Not a single officer is able to give a satisfactory answer to our inquiries. For the most part they have a knowledge only of those cases which are reported by the Poor-law medical officers; in a few instances they obtain a list of cases attended at the public medical charities in the district; but, without exception, they express an entire ignorance as to the cases attended by private practitioners. Dr. Ballard, of Islington, learns enough from private sources to satisfy him that small-pox is widely sown amongst all classes of the community; but that the upper are very generally protecting themselves by revaccination. The want of a system of registration of disease is greatly felt, for it must be acknowledged that the authorities are, in a very great degree, working in the dark, and the result is that the public alarm may, for all that is known to the contrary, be raised to an unnecessary height.

The deaths from small-pox in the metropolis have risen to 218, or 7 more than in the previous week.

SMALL-POX HOSPITAL ACCOMMODATION.

The managers of the metropolitan asylums have had an interview with the President of the Poor-law Board for the purpose of taking his opinion and instructions as to the provision of further hospital accommodation for small-pox patients. By the 6th of March there will be altogether at Hampstead, Hounslow, and Stockwell accommodation for 1200 patients. It is calculated 400 would be discharged each week, and that the number would decrease as the epidemic weakened in intensity. Mr. Goschen, in reply, stated that he had quite made up his mind that it was necessary to be ready with further accommodation, and that he was quite ready to take the responsibility of urging the managers to be ready with sites or means of providing for the continuance of the epidemic. He did not want to have the mistake made of not having sufficient accommodation. There must be no delay in providing sites in case they were wanted, as every day was of importance in obtaining the means of isolating people who had been attacked with this disease, as it was extended in no small degree by the patients being treated in their own homes. Mr. W. H. Smith said he quite concurred in the remarks of the President respecting the need of isolation, as he knew a case in which the children of one workman had communicated the disease to the family of another, and thus disaster and death were spread among the people. The disease was thus lighted up in different parts. It was, however, difficult to find sites for the erection of temporary hospitals; besides, there was great cost involved in building, and the managers looked to the Poor-law Board for the exercise of its powers in taking over for a temporary purpose other buildings now occupied in the administration of the Poor-law. Ultimately it was proposed to take two metropolitan workhouses, the localities of which were indicated. This was the point arrived at; but a general hope was expressed that this course would not be necessary. The managers thanked the President, and withdrew.

PAUPER CASES OF SMALL-POX UNDER TREATMENT BY MEDICAL OFFICERS OF DISTRICTS AND WORKHOUSES IN THE METROPOLIS DURING THE WEEK ENDING FEB. 11TH, 1871.

Bethnal Green	81	Poplar	21
Camberwell	4	St. George's	189
Chelsea	3	St. George's-in-the-East	15
Fulham	7	St. Giles's-in-the-Fields, and St. George's, Bloomsbury	6
Greenwich	0	St. Saviour's	32
Hackney	12	Shoreditch	172
Hampstead	0	Stepney	4
Holborn	68	Strand	25
Islington	60	Wandsworth and Clapham	32
Kensington	2	Westminster	—
Lambeth	23	Whitechapel	68
Lewisham	1	Woolwich	1
City of London... ...	71		
Marylebone	12	Total ...	...1047
Mile-end Old Town ...	21		
St. Olave's	58		
Paddington	20		
St. Pancras	39		

During the week ending February 4th, 150 patients had been removed to Homerton and Stockwell.

SITES FOR SMALL-POX HOSPITALS.

There is a good deal of unnecessary squeamishness on the subject of sites for small-pox hospitals, and objections are allowed to prevail which ought to be forced to yield to the necessities under which we labour. The public seem to forget how much they are at this moment suffering for want of proper means of isolation, and that it is entirely out of the power of any one, whether rich or poor, to escape the epidemic influence which now prevails. At best it is but a question whether we shall have the small-pox in the next house or the next street, and if by having it in the next house we can prevent its coming into every street and every house in the neighbourhood, we shall diminish, not increase our personal danger. The President of the Poor-law Board is crying out for sites, but if the Government were equal to the occasion, we should long ago have had a series of military field hospitals set up in the parks, around the borders of which, and in the very park houses, the disease is now raging. Numerous and well isolated, these hospitals would at this moment be invaluable in preventing the spread of contagion, whilst the smallness of their size would have allayed fears which the very idea of concentrating so many patients has naturally increased. It would be a satisfaction to the country to see that the military authorities are equal to the provision of hospital accommodation for 1000 patients on the notice of a day, and that for once red tape would not be allowed to prevent a cordial co-operation between the various departments of the Government. The occasion is too urgent for delay, and we hope that this suggestion will not be put aside.

MORTALITY AT DIFFERENT AGES.

Dr. Grieve, of Hampstead, observes that amongst the vaccinated the minimum of deaths to cases occurred between the ages of ten and twenty, after the great danger of childhood's complications was passed, and before there had been time to ruin the constitution by dissipation. Whilst only 2¼ per cent. of the vaccinated cases between the ages of ten and twenty proved fatal, between twenty and forty the percentage was 12¼, and in patients over forty it was 19¼. The high mortality of infants shown in the Registrar-General's return arose among the unvaccinated. Absolute safety, or nearly so, could be purchased by revaccination, and the facts contained in his (Dr. Grieve's) returns showed that between the tenth and twentieth year was the proper time for the operation to be performed.

WANT OF DISINFECTING APPARATUS.

Although in many districts measures have been or will be taken to provide public disinfecting rooms, there are many local boards which have advanced only to the stage of consideration. The medical officers are in no case able to assure us that disinfection has been universally carried out, and the presumption is that it has not. Dr. Ballard reports that he has a list of 155 houses of poor people where small-pox has occurred during the months of December and January, and where disinfection ought, of course, to have been speedily carried out. Of these, up to the present time, only 45 have been disinfected satisfactorily, 40 under the direct observation of our inspectors; 18 are said to have been disinfected, (no proof being forthcoming,) and 92 yet remain to be done. This, we believe to be a state or things common to nearly the whole metropolis. If the lives of cattle had been jeopardised instead of human lives we should have had Parliament in a ferment. We are not unwilling to admit that great exertions are being made; extra officers have been very generally appointed to enforce vaccination; some degree of cordiality has been established between Vestries and Boards of Guardians; and the officers are working together in a manner hitherto unknown. Nevertheless, what we really want is a stronger authority. At present there is a complete dead-lock. A sort of scramble is going on between vestrymen, guardians, managers, and the Poor-law Board, and between them all we shall probably have an abundance of costly hospital accommodation when the epidemic has exhausted its force.

SMALL-POX IN THE ROYAL MEWS.

Two cases of small-pox have occurred in the Royal Mews; but, owing to the excellent arrangements made by Dr. du Pasquier, and the immediate revaccination of the Queen's servants, the disease has not extended.

ASSOCIATION OF MEDICAL OFFICERS OF HEALTH.

AT the meeting of the above Association, Dr. Druitt in the chair, the discussion on Vaccination was renewed. A letter was read from Dr. Ballard, in which he expressed the opinion that more encouragement should be given to revaccination, and that it should be carried on as much as possible in the homes of the poor. He also thought that there was too much circumlocution about the Vaccination Act, the machinery of which required simplification.

The PRESIDENT thought the public vaccinators had been deterred from practising revaccination by the fear of its not being paid for, the law only permitting payment for successful cases, and there being great doubts as to what was meant by success. For himself, he regarded every effect beyond what was due to a mere puncture of the lancet as a success. The results of revaccination were mainly four—(1) a small pimple was produced, the irritation of which subsided in three or four days; (2) a small vesicle was formed, which continued to grow until the fifth, when it terminated in a scab, which fell off on or about the eighth day; (3) a vesicle which continued to grow until the eighth day, when it presented an irritable areola, and some opacity of the contents, the scab falling off about the fifteenth day; (4) there was the well-formed transparent vesicle, with a pale-pink areola from the eighth to the tenth day, and the scab of which fell off about the twenty-first day, differing in no respect from the usual course of primary vaccination. He thought that it was a hopeless thing to expect that vaccination would exterminate small-pox. There would always be a large number of persons of low vital power in whom vaccination proceeds in an irregular manner, and from whom lymph should not be taken. These persons are more or less unprotected. There were also periods of epidemic constitution, when the disease, as now, had apparently greater power of extension, and when people were more than usually liable to its influence. Epidemics may therefore be expected to recur from time to time, spite of our best efforts.

Dr. LETHEBY asked what proof we had as to the necessity of revaccination—that is, supposing that primary vaccination had been properly done. He believed that the protection was perfect up to twenty years of age. At Vienna, 39 per cent. of revaccinations were successful in persons over twenty years of age. He proposed that a committee should be appointed to draw up a memorandum on the subject of vaccination and revaccination for the guidance of officers of health.

Dr. BLACKMAN, of Whitechapel, said that he had done over 700 revaccinations, and had obtained a much greater success than he did formerly; but he admitted, in reply to some questions addressed to him, that vaccinations from arm to arm, and with liquid lymph, were much more general now than formerly. In one school he had found 20 per cent. without scars, in another 25 per cent.

Mr. NETTEN RADCLIFFE remarked that there was a great difference in the mode of operating and in the expectations of success amongst the public vaccinators. One gentleman was quite satisfied if 75 per cent. of his revaccinations produced some effect, and 90 per cent. of his primary vaccinations were successful, whilst another expected every primary operation to succeed, and 90 per cent. of the revaccinations. He thought the directions of the Privy Council were perfectly definite and clear. The public vaccinators could only charge for the revaccinations of persons over twelve years of age, but it was on the supposition that the primary vaccination had been properly performed. Revaccination ought to be regarded as of equal importance with primary vaccination, and should be equally well paid for. The difference in the fee was imposed by the House of Commons, and not by the Privy Council. They might not find it impossible to destroy epidemics, but at all events they could not hope to do it in the face of neglect of vaccination. He was of opinion that for all practical purposes London was, at the commencement of this epidemic, an unvaccinated town. There was so much worthless vaccination that it would be better to say that all vaccinations should be regarded as primary at the present time.

Dr. COBBOLD reopened the discussion on the danger of sewage irrigation. He admitted that the sort of evidence required by the objectors could not be procured, chiefly because the inspectors were incompetent to detect measled beef and mutton. Exact evidence as to the history of the many millions of ova which are discharged daily could not be obtained. If there were 1080 millions of ova discharged in a day, there would be only one in seven ounces of London sewage; and as the size of an egg is only $\frac{1}{175}$ of an inch, it would be impossible to find it in a mass of sewage. The ova of Bilharzia could not be kept alive in water containing any impurity whatever; but in the case of other parasites it was the reverse. The ova retain their vitality after being dried, and dryness does not destroy the common ascaris. Under ordinary circumstances the ova of this parasite are taken into the mouth in the form of dust. The ova of tænia have a thick shell, but the degree of their vitality is a question worthy of further inquiry.

Dr. LETHEBY said the remarks of the opponents to Dr. Cobbold's views were perfectly puerile. He said it could not be denied that parasitic diseases were common; that they were taken in through the medium of food, air, and water; and that the distribution of the ova would be made more certain by sewage irrigation. Mr. Rawlinson had told him that he had seen several bucketfuls of tapeworms on the Cragentinny meadows. He relied upon precipitating processes to prevent this evil.

Mr. HOLLAND said that Dr. Letheby was inconsistent. He

said that people might discharge sewage containing millions of parasitic ova into a river course, and drink the water with impunity after it had traversed a dozen miles or so, and yet that it would be dangerous to put the same sewage on the land. The best evidence that the food produced at Edinburgh was not injurious was that the dairymen continued to use it, notwithstanding all that had been said against it. He asked what difference there was between putting solid manure on the land and leaving it to be washed in by rain, and putting the same manure on the land diluted with water in the form of sewage.

Dr. STALLARD thought that some of the statements made by Dr. Letheby were to be placed in the same category as that he had stated as having been derived from Mr. Rawlinson. He had heard a very different version of Mr. Rawlinson's experience, and he much doubted if anyone, even Dr. Cobbold, had seen a bucketful of tapeworms. Without in the least doubting the history of tapeworm, he nevertheless thought it was incumbent on the objectors to sewage irrigation to prove that there was more danger in the system of water-carriage than in the dry-earth system or the direct application of manure to land. That had not been done; indeed, all the evidence was the other way. The matter, however, should be referred to a special commission by the Government, since it was quite necessary that the public should be satisfied.

Correspondence.

"Audi alteram partem."

THE DRY-EARTH SYSTEM OF CONSERVANCY.

To the Editor of THE LANCET.

SIR,—Permit me to offer a few observations on Professor Rolleston's papers on Typhoid or Enteric Fever in Indian gaols, and on the relations of that disease and of Cholera to the Dry-Earth System of Conservancy, published in your issues of the 7th and 14th ult., and which have only just come under my notice on my return from India.

I admit the force of Professor Rolleston's criticisms on some of the fatal cases of fever given in the appendix to my report on the sanitary administration of the Punjab for 1869. Cases 4 and 5 appear to be examples of enteric rather than of typhus fever; and with regard to Case 7 it is, I admit, open to anyone to demur to its being positively asserted to be not enteric; but Cases 3 and 4 are certainly not enteric, and they present, it seems to me, all the characters of typhus. The fact that Case 3 was considered originally to have been an example of intermittent fever will appear of little weight, against the supposition that it was really typhus, when the details of the case are considered, and it is remembered that the whole epidemic was believed to have originated or emerged from intermittent fever. In the gaol hospital at Rawulpindi two sets of prisoners were treated who lived under very different conditions. The main body of the convicts were confined in the main gaol, and a large detachment were hutted on the bank of the Sohan, where they were employed in constructing a bridge over that river. In neither place was the water-supply satisfactory, but that of the Sohan party was exposed to special risks of pollution. It was taken from a hole sunk in the sandy bed of the river, about thirty feet from the edge of the stream at low-water. The sand adjoining the hole had become very foul from fæcal deposits made by the convicts and from workmen employed on the bridge. The water-supply of the main gaol is taken from a badly constructed well, and the arrangements for its distribution are extremely defective; but as compared with the water-supply of the Sohan party, that of the main gaol was tolerably safe. The sickness began among the Sohan gang, whose sick were sent for treatment to the main gaol, where they were treated in hospital alongside of patients belonging to the main gaol.

When I first heard of the outbreak of the epidemic, I suggested that the fever was enteric, and that it had been introduced into the main gaol by the sick of the Sohan gang. The medical officer in charge at once put this suggestion to the test by making a large number of post-mortem examinations, with this result, that the bowels were almost always found free from disease. But as I still evinced some unwillingness to surrender my first opinion, Dr. Lyons put up the intestines of a number of fatal cases, and sent them down to me to Lahore, so that I might examine them for myself. I examined them carefully without finding any of the lesions characteristic of enteric fever, and I felt myself bound to give up the opinion that the epidemic was one of enteric fever, though a few specimens of that fever occurred in the course of the epidemic. Since then the disease was not enteric. I concluded that, as the symptoms corresponded very closely with those of typhus, the epidemic was one of typhus fever, and I still retain that opinion. This, too, is the opinion of Dr. Fairweather, who has had much experience of typhus while employed in general practice in England, and who has suffered from the disease in his own person. Dr. Fairweather has told me that it is quite a mistake to suppose that typhus does not exist in the Punjab, and that he had seen it repeatedly at Dera Ismail Khan, and reported the fact to the Inspector-General of Hospitals. Dr. Kelly, of the Punjab Frontier Force, assured me, in November last, that he had seen several cases of typhus in the villages near Kohat, and that he believed the disease was never absent from the Kohat valley. Dr. Kelly has had ample opportunity of becoming familiarly acquainted with typhus in the wards of the Meath hospital, where he served for some time as one of Dr. Stokes's clinical clerks. I fear, therefore, that the Punjab cannot be regarded as placed outside the typhus zone. The weather is very cold there in November, December, January, and February, and I strongly suspect that, as English vegetables of every kind thrive there in those months, English zymotic diseases will be found to flourish also. The mean temperature of the Punjab in December ranges between 54°F. and 58°F.

With regard to the fever epidemics in other Punjab gaols, I beg to record my entire dissent from Professor Rolleston's opinion as to their nature. If the intestinal lesions are, as I believe Dr. Murchison maintains, an *essential* element in enteric fever, the epidemics referred to were certainly not examples of that disease. Dr. Gray at Lahore, and myself at Multan, made dozens of post-mortems during the epidemics at those stations, the intestines being examined with especial care. In most cases there were no intestinal lesions at all. In some cases that terminated in chronic dysentery, the lesions characteristic of that disease were found in the large intestine, but the small intestine was very rarely found in a diseased state. On the other hand, the history of the epidemic corresponded very accurately with that of relapsing fever. Severe muscular pains, jaundice, epigastric and hypochondriac tenderness and relapse, were the most prominent symptoms. Epistaxis also was very common. The bowels were usually constipated.

The main point of difference between the gaol fever and relapsing fever, as it occurs in England, was that the former was attended with a much higher rate of mortality. Writing from memory, I believe that not less than 10 per cent. of the cases died. I am unable to explain this difference. There are not many well-authenticated cases of the disease among Europeans in the Punjab; but one medical officer and, I think, two civil officers died of it. I am able positively to assert that there was no skin eruption. Moreover, the short duration of the cases, interrupted by intervals of apyrexia, preclude the idea of the disease being typhus. Since, then, the disease was neither enteric nor typhus, and as it corresponded in all important points with relapsing fever, we concluded it was an epidemic of that fever.

My belief is, that enteric fever is far more common in the Punjab than has generally been supposed, that it is constantly mistaken for remittent fever, and that most of the cases entered under the head of continued fever are really cases of enteric. But while I admit this, I hold strongly that relapsing fever, or, at all events, a fever hardly distinguishable from that disease, is never absent from the Punjab.

Nor can I recognise any causal relation between the gaol fever epidemic and the dry-earth system. The recent history of the Punjab gaols opposes unanswerable objections in my opinion to the hypothesis of any such relation. The dry-earth system is in full operation in all the gaols, and yet many of them have never been visited by fever epidemics at all, and have continued to enjoy excellent

health; and of those mentioned by Professor Rolleston, all have been free from fever epidemics for five or six years, except Rawulpindi. The dry-earth system has been carried out in great perfection for the last six years in the Lahore Central Gaol, which has a population of 2000 convicts, and for upwards of four years the institution has been singularly healthy. The Amballa gaol, too, where one of the most terrible epidemics on record occurred, has been exceedingly healthy for several years, and there, as in the other gaols, the dry-earth system has been in full operation. There has been a marked improvement in the health of the convict population during the last five years. I do not attribute the improvement wholly or even chiefly to the dry-earth system. In my opinion the measure which, beyond all others, has lessened the mortality in Punjab gaols is the care now taken to prevent the introduction of contagious diseases, and to isolate them whenever they evade the checks on their admission; but I feel no doubt whatever that the dry-earth system has been an unmixed good, and that a considerable share of the improvement of the health of the gaol population is to be credited to its adoption. I feel it the more incumbent upon me to acknowledge the benefits which the dry-earth system has conferred on Punjab gaols, as I have in my official reports strongly maintained that that system is altogether unsuited to towns, an opinion to which I still adhere.

I am, Sir, your obedient servant,

A. C. C. DE RENZY,

Kingstown, Feb. 2nd, 1871. Sanitary Commissioner, Punjab.

THE TURKISH BATH IN THE TREATMENT OF THE INSANE.

To the Editor of THE LANCET.

SIR,—An extravagant statement made at the North Wales Asylum in reference to the power of the Turkish bath in the treatment of insanity, has given you occasion to express your doubts of its value, and abuse medical superintendents generally. We can afford to bear, and smile at the abuse. We may not be doing much for what you and others call science, but we may still be labouring hard, and not unsuccessfully, to bring about the cure and well-being of our patients.

Now, as one who has had a Turkish bath in full operation for six years, and treated hundreds of patients by it annually, I claim to say a few words upon this subject. The third and last edition of a little work on the bath, published for me by Mr. Hardwicke, is out of print, or I would have sent you a copy. In addition to this, I have published some cases illustrative of the value of bathing, in the *Journal of Mental Science*.

There can be little doubt that the extraordinary statement made at the North Wales Asylum, as to the percentage of cases cured by the agency of the Turkish bath, is in error. It is probable that the truth of the matter is that 74 per cent. of "recovered" cases had been treated by the Turkish bath with markedly good effect, rather than that 74 per cent. of insane cases had been absolutely cured by it. The great majority of "recovered" cases here are treated by this therapeutic agent, but I am not in a position to state positively that they are cured by it. How should I be? Of one thing, however, I am quite certain; and that is that the duration of disease is much shortened by it, and that whenever the period of convalescence commences, perfect health is rapidly attained. It is remarkable how assured of this fact are the patients themselves, and how they give expression, on leaving the asylum, to the high estimate which they have formed of the Turkish bath in their own individual cases. Even those who most set themselves against its use are soon brought to see and feel its efficacy. The argument which they make use of at first is that they are already very weak, and have no desire to be made weaker by sweating. But I put them in the scales and give them ocular demonstration of the flesh which they are making under a process which they had previously regarded as debilitating. Somehow or other there seems to be eliminated from the system something which interfered with the process of nutrition, and so a man under this free sudorification will gain a stone or more in a few weeks. The skin, previously coated with epithelium, having a most unpleasant odour, and giving that peculiar dryness and roughness so characteristic of insanity, becomes soft and smooth, presenting a breathing surface, by which no doubt some oxygen is taken into the system, and the power of excretion greatly augmented.

The cases to which the Turkish bath is most adapted are those of melancholia and acute dementia. I have under treatment at this time a case of determined suicidal melancholia in a man of low type and organisation, cursed, too, with an hereditary predisposition to insanity. Twice he has attempted suicide since his admission here three months ago. A fortnight since I gave him his first Turkish bath, and he has wonderfully improved under its repetition every third day. He is now lively and cheerful, talks of the prospect of returning home, and is no longer (as before) under special charge.

Cases of acute mania are not amenable to the treatment by the Turkish bath. The excitement sometimes becomes so great in the hot chamber, the skin getting no relief by sweating, that I have quite given up subjecting those labouring under this disease to a process which might involve the risk of a serious casualty. A struggle with a violent patient in a Turkish bath would be a very grave matter, which the generous public, and the yet more generous press, would not fail to turn to pretty good account against the medical superintendents of asylums. The wet sheet is the great remedy for acute mania, with a burning skin and great excitement. But as soon as ever the acute stage has subsided, the *calidarium* comes in as a very powerful and valuable agent.

Whether these facts are sufficiently "scientific" for THE LANCET, in its high estimate of the work done by London hospital physicians, as against those who have charge of our county lunatic asylums, I do not pretend to determine. To me, and to those about me, they are potential realities, which evidence the mitigation of suffering, and the more speedy and assured removal of disease.

I am, Sir, your obedient servant,

EDGAR SHEPPARD, M.D.,

Middlesex County Lunatic Asylum, Colney Hatch, Feb. 14th, 1871. Med. Sup. of Male Department.

*** Dr. Sheppard is mistaken in supposing that we expressed doubts of the value of the Turkish bath in the treatment of insanity. We expressed doubts of the scientific value of the information hitherto given regarding its use. We do not think that Dr. Sheppard's opinion of its alleged effects in making the skin smooth and soft, "presenting a breathing surface, by which no doubt some oxygen is taken into the system, and the power of excretion greatly augmented," is quite of that precise scientific character which we wished for. Medical superintendents must not be too sensitive. They, like other people, will be justified, not by the faith they claim, but by the work they do.—ED. L.

CAN THE DEAD CONVEY INFECTION?

To the Editor of THE LANCET.

SIR,—This question has been raised in your columns by Dr. Wilks. After observing that there is every reason to believe "that there is no poisonous gaseous emanation arising from the bodies of those who have died of specific contagious fevers, which is capable of engendering the disease in others," he remarks that possibly "the blood of scarlet fever, small-pox, or syphilis, which is said to contain the specific germs of these diseases during the lifetime of the patient, may retain its reproductive power some hours after death." Permit me to communicate the following fact, which bears strongly on the possibility above alluded to.

Early in last year I had, along with Mr. Wintle, of Kensington, and in the absence of my colleague Dr. Dickinson, who had previously been in attendance, to take charge of one of the students of St. George's Hospital, who contracted scarlet fever (which was accompanied by very alarming symptoms, but which, happily, was entirely recovered from) under the following circumstances:—A man, aged twenty-six, was taken ill on

November 28th, but was again at work on the morning of the 29th. On the evening of the same day he had to take to his bed, and on December 1st he was admitted into our hospital under my care in a state of high fever, with a temperature of 105° F., accompanied by most violent delirium. He was at first thought by some to be suffering from delirium *à potû*, as he was a very intemperate man; but on Dec. 2nd—i.e., the day after admission—scarlet fever rash broke out and spread very rapidly. The delirium was so fierce that he had to be strapped down, and, in spite of all treatment, he sank and died on the 4th, at 3.30 A.M., the delirium continuing to the last. On the 6th, at 2 P.M. (i.e., nearly sixty hours after death), the post-mortem examination was made by the gentleman to whom I have before alluded, who was at the time quite strong and healthy, and who had not been in any way exposed to the risk of contagion. At the examination he scratched one of his thumbs, and in the course of a few days a small abscess formed at the part scratched; this was opened on the following Saturday (the 11th). Otherwise no uneasiness and no symptoms were experienced during the course of the week. On the Sunday (the 12th), fever set in, and the disease, as before mentioned, proved very severe. The student had not had scarlet fever previously.

From this case we may infer that contagion may undoubtedly exist after death, and that it is not everyone who is in a condition to make a post-mortem examination where contagious disease has caused death. It would teach us also that authorities at hospitals would do well not to permit students to dissect or make post-mortem examinations in cases of deaths from scarlet fever or small-pox, unless they enjoy as great an immunity as possible from infection, by having previously had the disease themselves, or having been revaccinated.

I am, Sir, your obedient servant,

JOHN W. OGLE, M.D.,
Cavendish-square, Feb. 20th. Physician to St. George's Hospital.

P.S.—The above case provides the proof, which I have just seen that my friend Mr. Ewens, of Cerne Abbas, asks for in your number for last Saturday, "that any other than the ordinary results of inoculation of the virus generated in the body by post-mortem changes have ever occurred."

To the Editor of THE LANCET.

SIR,—It is satisfactory to me, and, probably, will be to most of your readers, to learn that the assertion made by Dr. Wilks in his letter of the 4th inst. as to the incommunicability of infection from a corpse dead of a contagious disease, has, as far as small-pox is concerned, been so satisfactorily negatived. I do not doubt that, attention having been directed to the subject, evidence of a like character will be forthcoming, proving that scarlatina and measles can be propagated in a similar way.

As regards the alleged incommunicability of infection from a body dead from typhus fever, evidence negativing that statement may be more difficult of production. We are yet somewhat in the dark as to the causes which induce this form of diseased action. As far as my experience went when at the Strand Union, I found that fever made its appearance on several occasions when, from excessive overcrowding of the sick and infirm wards, the air became tainted with human emanations. One of the most malignant and rapidly fatal cases of typhus fever I ever saw occurred there in a male nurse, previously in good health, who had charge, in a separation ward, of a casual, admitted with frost-bitten feet, which speedily became gangrenous, and from which the most overpoweringly offensive odour emanated, till he died of tetanus. The unfortunate nurse was not relieved, but ate, drank, and slept in the same ward as his charge. I may be hypercritical, but I regret the publication of Dr. Wilks's letter. The laity read THE LANCET, and if it should be noticed I fear it will weaken the hands of those who advocate the establishment of mortuary houses in crowded cities, for such must be the case if the public come to know that there is a belief amongst the profession of the harmlessness of the dead; at any rate, I feel that I shall not have so good a case when I bring up the report of the Committee of the Strand District Board of Works, to which my recent successful resolution for establishing a mortuary house in that district was referred.

Whilst on this subject, perhaps you will permit me to correct a probable inference from the style of the notice in your issue of the 4th. I was in no way prompted to take action at the board by the report of the medical officer of health. Shortly after I was elected a member of the Strand Board, now some few years ago, I proposed a similar resolution; it was negatived. Some time after I again brought the subject forward; it met the same fate. The question of the advisability of mortuary houses is no new idea of mine. Twenty years ago I carried, in the open vestry of St. Anne's, Soho, a resolution in favour of constructing one in that parish, and two years after had the satisfaction of seeing it completed—the first thing of the kind ever built certainly in London, probably in the United Kingdom.

I am, Sir, your obedient servant,

Dean-street, Soho, Feb. 13th, 1871. JOSEPH ROGERS.

THE EMPLOYMENT OF MERCURY IN HEPATIC DISEASES.

To the Editor of THE LANCET.

SIR,—I think your readers will have little difficulty in coming to a conclusion as to the reasons of Dr. Bennett declining "any further controversy" with me, as he states in his letter of the 11th instant, in which, however, there are one or two points which, with your permission, I will make a few short comments upon. It appears to me that he implies that the expression "or words to that effect," appended by me to this wonderful dictum, is a new feature in this controversy, and involves some mysterious meaning. Quite the contrary, as it was made in his hearing, and for obvious reasons, when I read my original paper on January 18th before the Medico-Chirurgical Society of this city.

As far as my controversy with this gentleman is concerned, the case is not a "scientific question," nor one of argument or theory, but one of facts—viz., whether an invalid in India, for hepatic disease and abscess, had been subjected to no fewer than three courses of mercury in the year 1866-67? Whether, in fact, for nearly the whole of that time, he had been kept almost uninterruptedly more or less under its influence, whereby his teeth had become loose, &c., and, also, whether in Netley Hospital he had been again salivated? These are the main statements, as regards this case, I undertook to controvert—whether successfully or not, my hearers and your readers must determine.

Dr. Bennett, in his letter in your last issue, states "that the man, as a matter of fact, was salivated at Jhansi," according to him in 1862, "had his mouth constantly sore afterwards in India, was again salivated after he left the Netley Hospital, and that such treatment failed to cure his liver disease, and shattered his health, are truths." Whereas he states, in THE LANCET of the 4th inst., p. 171, that the two pills supposed to have produced all these dire results were given by "the apothecary" to this individual "when suffering from vomiting and purging"! Which statement is true? Again, there is no proof whatever that this man was so salivated, for he told me most distinctly, and he is the only authority on the point, that although his mouth was "very sore" the morning after the administration of these pills, he "never spat," he "was not salivated"! Admitting for a moment that the statement is true, it is obviously quite outside of, and has no reference whatever to, the original issue raised on December 21st, as the affair happened long anterior to the one year 1866-67. In the same way, the supposed salivation after he left Netley has no bearing upon Dr. Bennett's original statement.

What "the real facts" with which we are about to be favoured may do for this case I cannot say. I may, however, be permitted to think that if these "real facts" are on a par with "the facts as stated" already, they will aid Dr. Bennett little in escaping from the dilemma in which he has so unnecessarily involved himself.

I am, Sir, your obedient servant,

Edinburgh, Feb. 21st, 1871. W. RUTHERFORD.

*** We can insert no more letters on this subject.—ED. L.

Obituary.

COUNT WOLLOWICZ.

THE Army Medical Department and the profession generally have sustained a grievous loss in the premature death of Cyprian Count Wollowicz, which melancholy event took place at Netley on the 20th inst.

Count Wollowicz was the last male representative of a Polish family of historical distinction. His family took part in all the patriotic efforts of his countrymen to restore freedom to unhappy Poland. The Count himself took up arms in the last insurrection against Russia, and greatly distinguished himself in many of the bloody engagements of that short struggle, which ended, as all the world knows, in the complete subjugation of Poland, and all those who drew the sword in her cause.

Count Wollowicz, who had previously received a thorough German education, became an exile, and turned his attention to the study of medicine in that country and in France. He pursued his new studies with extraordinary diligence and success. Coming to England, he entered the Medical Department of the British Army by open competition. At Netley he greatly distinguished himself, and took a high place among the men of his term. Count Wollowicz served in the Abyssinian campaign, and at its close, by his own desire, returned to the Royal Victoria Hospital, Netley, on the staff. There he resumed work with all the zeal of an earnest student, and shared in the scientific labours of his friend and former teacher, Dr. Parkes, publishing with that gentleman two memoirs on Alcohol and Wine, which were printed in the Transactions of the Royal Society.

The Count built his scientific acquirements, which were considerable, on the solid foundation of, as we have said, a thorough German education. He was an excellent classical scholar; and, like many of his countrymen, spoke the various languages of Europe—Russian, Polish, German, French, Italian, Spanish, and English—with perfect fluency, and was profoundly versed in the intricacies of the various Slavonic languages. When it is added that he was the most modest of men, that his temper was sweet, his heart warm and generous, and his manners engaging, it will be understood why his brother officers lament his untimely death at the early age of thirty-two.

Count Wollowicz fell a victim to that rare disease, intestino-vesical abscess, situated beyond the reach of surgical interference, and bore his sufferings, which at times were great, as might have been expected in one cast in a heroic mould, with manly fortitude and patience.

WILLIAM KEITH, M.D.,
(OF ABERDEEN).

DR. KEITH died suddenly, in Edinburgh, on the 5th of February, at the age of sixty-eight. He was a member of the Royal College of Surgeons of England of 1822, and M.D. of King's College, Aberdeen, of 1840. His name had long been honourably connected with the medical school of Aberdeen, and he had enjoyed a large practice, particularly in calculous disorders. Dr. Keith's essay on Lateral Lithotomy is well known, and he also wrote in the *Edinburgh Medical Journal* on the Statistics of Stone. In 1867 Dr. Keith appeared, in conjunction with Dr. Pirrie, as an author on Acupressure, the practice of which operation for the arrest of hæmorrhage was from the time of its invention by Simpson warmly taken up in Aberdeen, which formed in this respect a marked contrast to Edinburgh.

For the following sketch of Dr. Keith's work in connection with his favourite subject, we are indebted to the pen of his friend, Sir Henry Thompson.

"The marked characteristics of Dr. Keith's practical surgery were close study of the business in hand before operating, great care in the work itself, and extreme attention to all minor particulars then and afterwards. His success was very good indeed, but not remarkable. It was beyond all doubt truthfully reported. I have every case of calculous disease recorded, in his own handwriting, up to five years ago, and probably shall have the remainder, as he said I was to receive them; and I shall make a point of placing the result before my professional brethren. He gave it to me for the express purpose, for I had suggested to him that he should do it, and send it to the Medical and Chirurgical Society for publication. But he told me that he should prefer that I should be his "literary executor," and put it all together when the work was done. This I will accomplish, as my humble and grateful tribute to his memory, in due course. My first acquaintance with Dr. Keith happened thus. I went to Aberdeen expressly to see him some years ago, and well remember how kindly he received me, and how he told me all he did and all he knew in relation to the subjects which so much interested us both. Admiring his lithotomy instruments much, I asked for copies to be made by his instrument-maker; but, when finished, he sent me the *originals*, which I have often used since—an instance of his generous kindness which gave me great pleasure, and cannot be forgotten. Among many other maxims of his, touching lithotomy, which he laid stress on in our conversation, was the following:—'If two experienced lithotomists meet at a case, let the better of the two hold the staff.' This—of course not intended to be literally construed—was an example of his terse and strong way of calling attention to the necessity for a good staff-holder in all cases. Shortly after this he came to London for a day or two, and calling on me, I said to him, 'I happen to be going to cut a gentleman for stone to morrow; will you come?' He readily assented, whereupon I had the opportunity of saying, 'You remember your maxim about the two lithotomists; will you do me the favour to hold my staff?' which he did, and the patient made an excellent recovery, and Dr. Keith interested himself very much in his progress.

"Dr. Keith's perception of the advantages of lithotrity was declared at a very early date. Rude as the instruments were between 1830 and 1840, he had successfully employed them at that date. With his care and constant attention, he attained, even with such implements, a considerable success; and it was only quite at the latest part of his career that he exchanged them for those of a modern and more easily-worked pattern. It should be said, however, that his lithotomy cases exceeded in number his lithotrity cases, although he operated almost entirely on adults.

"Dr. Keith, like some other operators, Cheselden for example, felt profoundly the gravity and responsibility which attach to the duties and practice of an operating surgeon, and often to a painful extent, and was deeply impressed with the importance of doing his very best for the patient. He has told me, and recorded the fact in print also,* that he never performed lithotomy without offering a prayer for assistance immediately beforehand. From many men perhaps such a statement would be received with suspicion, and might savour more of cant than of piety. His sincere and simple faith, however, led him to believe implicitly that some real value attached to such an act, and he did it in singleness of heart, never dreaming that such simplicity could be doubted. I mention this because I have heard the propriety of making this profession (in a practical surgical work) strongly questioned, and referred to blameworthy motive. I knew him well enough to be assured that it was the natural impulse of a trusting, childlike, and pious heart. And as I am unable to bring my own views of the aid to be so obtained into accordance with his, my testimony may be regarded as unbiased on this matter."

Parliamentary Intelligence.

HOUSE OF COMMONS.

FEB. 16TH.

ADULTERATION OF FOOD, ETC.

Mr. MUNTZ obtained leave to bring in a Bill to amend the law for the prevention of adulteration of food and drink, and of drugs. Read a first time, and second reading fixed for March 22nd.

METROPOLIS WATER.

Mr. SHAW LEFEVRE obtained leave to bring in a Bill to amend "The Metropolis Water Act, 1852," and to make

* Practical Observations on the Lateral Operation of Lithotomy. 1844.

further provision for the due supply of water to the metropolis, and certain places in the neighbourhood thereof. Read a first time.

VACCINATION ACT, 1867.

MR. W. E. FORSTER nominated the Select Committee on the Vaccination Act, 1867:—Mr. William Edward Forster, Mr. Stephen Cave, Mr. Candlish, Mr. William Henry Smith, Mr. Muntz, Lord Robert Montagu, Mr. Jacob Bright, Sir Smith Child, Dr. Lyon Playfair, Mr. Holt, Mr. Taylor, Sir Dominic Corrigan, Dr. Brewer, Mr. Alderman Carter, and Mr. Hibbert.

FEB. 21ST.

INFANT LIFE PROTECTION.

Mr. CHARLEY moved for leave to introduce a Bill for the better protection of the lives of infants, its leading provisions being that it should not be lawful for any person to nurse for hire, apart from their parents, any children under a certain age without being furnished with a licence from a magistrate, and a certificate from a magistrate or minister of religion, or registered medical practitioner, that the applicant was of good character, and was able to supply children with food and lodging. The licence would endure for a year, and would be revocable. The Bill would impose penalties on persons taking children without a licence, and it made provision for the registration and inspection of children. At the suggestion of the President of the Poor-law Board, the Bill contained a clause to the effect that the provisions of the Bill should not interfere with the management of pauper children.

The Bill was read a first time, and the second reading fixed for March 2nd.

Medical News.

ROYAL COLLEGE OF PHYSICIANS OF LONDON. — At an extraordinary meeting of the College on the 20th inst., the following gentlemen, having conformed to the bye-laws and regulations, and passed the required examinations, were granted licences to practise Physic, including therein the practice of Medicine, Surgery, and Midwifery:—

Beatson, William, M.R.C.S., Guy's Hospital.
Davies, Nathaniel Edward, M.R.C.S., Sherborne.
Dixon, Henry Edward, M.R.C.S., Wallington, Tetsworth.
Jolliffe, John, M.R.C.S., Crewkerne.
King, Germain, M.R.C.S., Widnes.
Lacey, Thomas Warner, M.R.C.S., Guy's Hospital.
Paget, William Smith, M.R.C.S., Ampthill-square.
Pedler, Geo. Henry, M.R.C.S., Trevor-terrace, Knightsbridge.
Wiglesworth, Arthur, M.R.C.S., Brougham-terrace, Liverpool.
Woods, Theophilus, L.R.C.S.I., Llandilo, South Wales.

APOTHECARIES' HALL. — The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on Feb. 16th:—

Briggs, George Chapman, Horncastle.
Burroughs, George Edward Elton, Little Hampton, Sussex.
Renwick, William, Tyr Phil, Glamorganshire.

As Assistant in Compounding and Dispensing Medicines:—

Savory, Harry Banting, Painswick, Gloucestershire.

The following gentlemen also on the same day passed their first professional examination:—

Piggott, Edward Alfred, St. George's Hospital.
Salmon, Alfred Lidgey, St. Bartholomew's Hospital.

UNIVERSITY OF DUBLIN. — The following degrees were conferred on the 21st inst.:—

BACHELOR IN MEDICINE. — Ebenezer John Hatchell, Francis Clements Crossle, Edward Charles Thompson, William Rogerson White, Richard Edward Lloyd, John Morgan, Hugh Baker Stoney.
MASTER IN SURGERY. — Francis Clements Crossle, William Rogerson White.
DOCTOR IN MEDICINE.—John Ellis, John Morgan.

CLINICAL SOCIETY.—Papers are expected at the meeting to-night (Friday), from Mr. Gant "On the Occlusion in Arteries after Acupressure, with its relation to the treatment of Surgical Hæmorrhage, and compared with Ligature and Torsion." From Dr. Broadbent "On Paralysis of the Ophthalmic and Superior Maxillary Divisions of the Fifth Nerve, and of the branch to the Levator Palpebræ, from Syphilis." From Mr. Henry Lee "On a Case of Removal of the Tongue for Cancer," and from Dr. Duffin "On a Case of Roseola Variolosa."

Medical Appointments.

ATKINSON, R., M.R.C.S.E., has been appointed House-Surgeon to the Lancaster Dispensary, vice R. Lowther, M.D., M.R.C.S.E., resigned.
BOTTON, J. E., M.R.C.S.E., has been reappointed Medical Officer and Public Vaccinator for the Aston-Rowant and Shirburn Districts of the Thame Union, Oxfordshire.
BUIST, J. B., M.B., has been appointed one of the Honorary Surgeons to the North Lonsdale Hospital, Barrow-in-Furness, Lancashire.
CLARKE, W. F., F.R.C.S.E., M.A., M.B., has been appointed an Assistant-Surgeon to Charing-cross Hospital.
DAVIES, Mr. H., has been elected Medical Officer for the Llanasmlet District of the Neath Union, vice J. Cook, M.R.C.S.E., deceased.
FLETCHER, J. F., M.R.C.S.E., has been appointed Medical Officer for the Beerferris District of the Tavistock Union, Devon.
GELSTON, R. P., L.K.Q.C.P.I., L.R.C.S.I., has been appointed Assistant Resident Physician at the Clonmel District Lunatic Asylum.
GENT, G., M.D., has been appointed Medical Officer for District No. 7 of the Aylesbury Union, vice T. Knight, L.R.C.P.L., deceased; and for the Brill District of the Thame Union, vice C. F. Knight, M.R.C.S.E., resigned.
HACKNEY, A. H., M.R.C.S.E., has been appointed Assistant to the Resident Medical Officer of the Holloway and North Islington Dispensary, vice T. G. Lidbetter, L.S.A.L., resigned.
HUMPHREYS, M. H., M.R.C.S.E., has been reappointed Medical Officer and Public Vaccinator for the Long Crendon District of the Thame Union.
KENNEFICK, J. S., L.K.Q.C.P.I., L.R.C.S.I., has been elected Medical Officer for the Clonmel Dispensary District of the Clonmel Union, Co. Tipperary, vice P. Fitzgibbon, L.K.Q.C.P.I., M.R.C.S.E., deceased.
KING, Mr. J. W. (late of Edinburgh), has been appointed House-Surgeon to the Windsor Royal Infirmary and Dispensary, vice St. J. W. Lucas, M.R.C.S.E., deceased.
LOWTHER, R., M.D., C.M., M.R.C.S.E., has been appointed Medical Officer to the Royal Union and Refuge Clubs, Cartmel, Lancashire, vice John Gaskarth, L.S.A.L., deceased.
M'CORMAC, H., M.D., L.R.C.S.Ed., has been appointed Medical Officer to the Malone Protestant Reformatory, Belfast, vice Wm. M'Cormac, M.D., F.R.C.S.I., removed to London.
MORRIS, J. E., M.R.C.S.E., has been appointed Medical Officer and Public Vaccinator for the Stortford District of the Bishops-Stortford Union, Herts, vice R. T. Scarr, M.R.C.S.E., deceased.
MURIE, J., M.D., L.F.P. & S. Glas., has been appointed a Resident Medical Officer at the Bethnal House Lunatic Asylum, Cambridge-road, vice C. Davidson, M.R.C.S.E.
PARES, R. C., L.R.C.P.Ed., L.R.C.S.Ed., has been appointed Medical Officer to the Newtownards Union Workhouse, vice John Strean Armstrong, L.K.Q.C.P.I., M.R.C.S.E., deceased.
PARR, C. L., L.R.C.P.Ed., M.R.C.S.E., has been appointed Medical Officer for the St. Pancras School at Leavesden, Herts.
STEWART, J. P., M.B., C.M., has been appointed Medical Officer for Home Patients of St. Mary's Hospital and Dispensary for Women and Children, Manchester, vice J. M. Zorab, M.B., C.M., resigned.
TOMES, C. S., B.A., M.R.C.S.E., L.D.S., has been appointed Assistant Dental Surgeon to the Dental Hospital of London, Soho-square, vice T. H. Harding, L.D.S. R.C.S.E.
WILSON, J., L.R.C.P.Ed., L.F.P. & S. Glas., has been appointed Medical Officer and Public Vaccinator for the Greatham District of the Hartlepool Union, Durham, vice G. Longbotham, M.R.C.S.E., resigned.

Births, Marriages, and Deaths.

BIRTHS.

BRETTINGHAM.—On the 14th inst., at Goodwick, South Wales, the wife of C. Brettingham, M.R.C.S.E., late Bengal Medical Service, of a son.
BROOKS.—On the 11th inst., at Silverdale, North Stafford, the wife of J. E. Brooks, L.R.C.P., M.R.C.S., of a daughter.
CHARTERIS.—On the 19th inst., at Hipperholme, Yorkshire, the wife of W. Charteris, L.R.C.P.Ed., L.R.C.S.Ed., of a daughter.
ELLIOTT.—On the 1st inst., at Chichester, the wife of G. H. Elliott, M.R.C.S.E., of a daughter.
GAIRDNER.—On the 16th inst., at Glasgow, the wife of W. T. Gairdner, M.D., of a son.
REITH.—On the 10th inst., at Union-place, Aberdeen, the wife of A. Reith, M.D., of a son, still-born.
WINTERBOTHAM.—On the 20th inst., at Cheltenham, the wife of Lauriston Winterbotham, Surgeon, of a daughter.

MARRIAGES.

BROWN—STEVENS.—On the 21st inst., at St. Botolph's, Bishopsgate, James Lundin Brown, M.D., to Sara, daughter of T. O. Stevens, Esq.
NEWMAN—HOOPS.—On the 16th inst., at St. Luke's, Southampton, Adam Perry Newman, M.D., to Jessie Maria, daughter of Richard Hoops, Esq., Commander R.N.
PEART—MACKINTOSH.—On the 21st inst., at St. Marylebone Church, Robt. S. Peart, M.D., of North Shields, to Margaret Ellen, daughter of the late Andrew Mackintosh, Esq.

DEATHS.

EVANS.—On the 18th inst., John Evans, L.R.C.P.Ed., of Queen's-road, Bayswater, aged 46.
EVANS.—On the 18th inst., T. L. Evans, L.R.C.P.Ed., M.R.C.S.E., of Briton Ferry, Glamorganshire.
FIDWELL.—On the 12th inst., at Penzance, S. Fidwell, M.R.C.S.E., Demonstrator of Anatomy at the Middlesex Hospital, aged 25.
REILLY.—On the 17th inst., M. F. Reilly, L.R.C.P.Ed., M.R.C.S.E., of Wigan.
SLOAN.—On the 19th inst., at Stoke Devonport, John Sloan, Ext. L.R.C.P.L., L.R.C.S.Ed., Deputy Inspector-General of Hospitals and Fleets, aged 62.
WAYLEN.—On the 23rd ult., on the passage home, F. H. Waylen, M.R.C.S.E., Staff Assistant-Surgeon Army, aged 28.

Notes, Short Comments, and Answers to Correspondents.

ELEMENTARY EDUCATION OF BLIND AND DEAF-MUTE CHILDREN.

THERE is a small Bill, which stands for second reading on the 8th of March, introduced by Mr. Wheelhouse, one of the members for Leeds, to which, not only from its general importance, but in its medical aspect, we are anxious to call attention. The honourable gentleman seeks to provide for a want which it is undoubtedly necessary to meet in this country—viz., that of obtaining the means for educating blind and deaf-mute children. The first clause of the Bill renders it compulsory on Boards of Guardians, when application is made to them, to send such a child to some institution fitted for its reception. The second gives power to Boards to step in at their discretion to provide such education, although no request has been previously made to them. The third clause permits Boards to pay a portion of the expense, upon an agreement (the form of which is given in a schedule) by the parent to pay the other part. Another section is directed to the education of such sufferer in the religious tenets professed by his parents; while the remaining clauses deal with the inspection of such schools, and the "payment by results." There can be little doubt that in both cases the children are (save so far as the deprivation prevents it) quite as capable of instruction as any other members of the community, while their attention is more likely to be concentrated upon their several avocations from the mere fact of that deprivation. We earnestly hope that the proposed measure may receive the support which it deserves; indeed, to use the language of the honourable gentleman himself, it seems to us that the Bill supplements Mr. Forster's Education Act of last year in a most useful and necessary direction.

J. M.—The rule varies in every place and almost in every practice. Considering that vaccination is an operation of delicacy and importance, and that the selection of lymph is an act requiring care and judgment, a guinea is not an inadequate fee to be paid by well-to-do patients, half a guinea by the middle class and in schools, and five shillings for servants.

R. W. is thanked for his communication. The defence seems too absurd to be seriously reported. At any rate we shall defer noticing the matter till we see the decision of the magistrates. Our correspondent will oblige by sending us any printed report of the further proceedings.

Physician could enforce payment of his fee from the person who sent for him. But are there not rights which it is better not to enforce?

T. H., (Preston.)—Such arrangements rarely work well in the hands of an individual practitioner, and it becomes very difficult to draw a line with regard to admissions. The game is not worth the candle.

P. E. N.—What our correspondent says is very true. But what can be done?

UNITED SERVICE MEDICAL SCHOOL.

To the Editor of THE LANCET.

SIR,—I am sure that all interested in the Medical Department of the Navy will rejoice to hear that Netley is about to be opened to young surgeons entering the service.

You have already mentioned Dr. Macdonald, F.R.S., as an officer highly qualified to be added to the professional staff. I venture, with much deference, to suggest in addition the name of Dr. Smart, C.B., Inspector-General, whose professional eminence and distinction, administrative ability, and intimate acquaintance with naval hygiene, &c., render him peculiarly eligible for such an appointment.

If the five years' term of office (as to the propriety and policy of which I have very grave doubts) is adhered to by the Admiralty, Dr. Smart will, in all probability, be the future Director-General; but he might not object to be attached to Netley for three years.

It is due to the memory of the late Sir William Burnett to state that he was fully alive to the value and necessity of a medical school for assistant-surgeons; and lectures were given at his request at Haslar Hospital by the late Dr. Allan, Deputy Inspector-General, on Gunshot Wounds, Burns, and Naval Hygiene, &c.; and at the same time my esteemed friend and former colleague, Dr. Andrew Clark, gave an admirable series of lectures on Histology and Pathology, which were attended by the medical staff at Haslar and other officers stationed at Portsmouth. You see, therefore, there was in existence a naval Netley on a small scale nearly a quarter of a century ago. Nevertheless, all honour to Dr. Armstrong for the present movement, which will, doubtless, add much to the popularity and efficiency of the service.

Your obedient servant,

Chesterfield, Feb. 13th, 1871. JOHN ROSS, M.D.

Dr. W. H. Short, (Walsham-le-Willows, Suffolk) assures us that provincial practitioners are quite as much molested by prescribing druggists as their metropolitan brethren. Our correspondent encloses the handbill of a local "consulting chemist," announcing his possession of cod-liver oil "devoid of smell and nearly tasteless," and his qualification (by exam.) at Apothecaries' Hall, London; his membership of the Pharmaceutical Society, and his former services to surgeons in the neighbourhood.

Rusticus will find it his best policy to forget uncourteous or unqualified competitors, and to devote his entire attention to curing his own patients. To do this will be the most complete possible defence against all forms of attack.

E. P. G. should call the attention of the Inspector of Factories to the evil of which he complains. Many printers have already been fined.

THE notice of the Report of the Glasgow Royal Infirmary is unavoidably postponed until next week.

THE EDUCATION ACT.

MANY people who did not for a moment doubt Prof. Huxley's ability and energy were not by any means certain, nevertheless, that he might not, from the strength of his convictions, and the independence of his character, prove a somewhat impracticable or impolitic member of the London School Board. They may reassure themselves, however. We have seldom read a better or more practical exposition of the principles to be adopted in any scheme of elementary education than that lately put forward by him at the London School Board. Prof. Huxley had a clear idea of what it was that he wanted to have done, and of the progressive steps by which it might be achieved. He was very happy, too, in planting his educational ladder—that ladder which he declared to be alone worthy of the name of a national educational system,—with its bottom stave in the gutter, and its top in the University, so that every child who had the strength to climb might, by using that strength, ultimately reach the place for which nature intended him. We have on other occasions dwelt on the good sense shown by Dr. Huxley in securing that children shall be taught what is interesting and easily learnt by them—the first elements of physical science,—and what is useful and likely to prove most available and necessary in their future career. He is very far, however, from adopting an exclusively utilitarian or technical view of education; for he has a strong conviction that music and drawing should be taught in every elementary school, on the ground that music is one of the most civilising of arts, and that to enlarge the domain of innocent pleasures is the best way to diminish the number of vicious ones. Dr. Huxley considers that the two finest intellects in Europe at this time are the English and the Italian. It is very flattering to hear so favourable a verdict of ourselves pronounced by so good a judge, and we hope it is true. We presume that the Italian is coupled with the English rather for the sake of comparing, in point of force or power, two types of intellect that are otherwise unlike. One thing we must, however, remark on, and it is this: although the importance of affording some kind of elementary education to children before the ages of six or seven may be granted, we hope that the characteristics of a child's nature, mental and physical, will not be lost sight of, and that we are not going to have dull priggishness substituted for the freshness and volatility which are natural to it.

Dr. F. Page's (Newcastle) case shall appear in our next impression.

SCHEME FOR PENSIONING LUNATIC ASYLUM ATTENDANTS.

To the Editor of THE LANCET.

SIR,—At a time when so much has been said about attendants, both for and against, will you allow me, without entering into the merits of the case at all, to suggest a plan for the pensioning of old and deserving attendants, which I believe would be an additional inducement to such, not only to enter asylums, but to remain steadily at their posts. The constant changing of officials tells very prejudicially against themselves, the patients, and the superintendents. The longer a staff works together, the more smoothly does the machinery move, and the confidence of the individual members in their own powers and the ability of their fellow-workers increases.

The Commissioners in Lunacy for Scotland lately called for a return of all the attendants in Scotland, when the startling fact was brought to light that one-third of the number leave the service every year, or did at least in that particular year, and there is no reason to suppose that year an exception to those that had gone before. The amount of discomfort which such changes must have caused to those in charge, as well as of irritation to the patients, it is difficult to imagine. Neither patients nor attendants could get to know each other, and therefore there could be no confidence between them. No doubt a large number of those removals were from private houses; but still the fact is the same.

In the Lunacy Amendment Act for Scotland, power is given to chartered asylums to pension off any officer or matron who has been fifteen years in the service, and is above fifty years of age. This, though a step in the right direction, does not, I venture to think, go far enough.

I would suggest that the governing boards of all public, district, and chartered asylums should form themselves into a Friendly Society, so to speak. That each asylum should pay so much a year per head into a common fund, which might be taken charge of by some responsible body, say the General Board of Lunacy. That the pension should be in proportion to the length of service, no one being allowed any retiring allowance for less than ten years' service, unless incapacitated for work through accident or disease, the result of his work That he or she must stay at least five years in any one asylum, unless the change be caused by promotion; less than that time counting for nothing. That for ten years' service, one-fourth of the wages at the date of resignation be allowed; for fifteen years' service, one-third; and for twenty years, one-half. A general register of all attendants, and the reason of any change from one asylum to another, would require to be kept. This would be a matter of little difficulty, as the General Board of Lunacy requires a return to be made to it of all attendants engaged or discharged.

I do not know how many would be entitled to participate in such a scheme at present; but if each asylum paid 10s. a year for each attendant, something like £200 would be subscribed annually, which I think might meet all Scotch claims. In order, however, that a reserved fund might be formed, I would propose that no pension should be granted till five years, after such an arrangement had been entered into, had passed. Services in an asylum previous to the forming of the Society would, of course, be taken into account if duly certified. Such a sum as I have mentioned would be but a small item in asylum expenditure, and I am sure would more than repay itself in improved management.

Some such system of pensioning ought, I think, to extend to the whole staff of asylums; but to embrace the other members a separate arrangement would, I suspect, require to be made.

I do not give this as a perfect scheme, but merely throw it out as a suggestion, which I should much like to see taken up by others, thought over, worked into proper shape, and acted upon.

I am, Sir, your obedient servant,

THOMAS HOWDEN, Jun., M.D.

Haddington District Asylum, N.B., Jan. 16th, 1871.

THE following letter was addressed to the Editor of the *British Medical Journal*, but refused insertion:—

THE MEDICAL ACT AMENDMENT BILL, 1871.

To the Editor of the British Medical Journal.

SIR,—The importance to the profession of grandly turning to account the present crisis in its history is my apology for troubling you with this letter, and I hope will be your vindication—if such be needed—for inserting it. That a Medical Reform Bill is sought for by Government is a sufficient proof of its necessity—a tacit condemnation of a state of things only a comparatively few interested men attempt to uphold. An open door thus inviting practitioners to insist on the fulfilment of their just expectations, and the concession of their indefeasible rights, duty and interest alike impel them to see to it that no frivolous, or lame, or impotent measure of reform be palmed off upon them. To fight this battle with effect—to grasp the prize of the long-sought Medical "Relief Bill,"—it is clear there must be no schism in the ranks, no divided counsels, no antagonising plans of campaign, no rivalries about the leaders to follow, or the weapons to use. The profession has only to be true to itself, to agree as to what it shall ask, and to stand together as one man. Dissension will now be construed by all onlookers, both in and out of Parliament, as proof positive of our half-heartedness in the cause of reform. Decision and unanimity of purpose, with the requisite energy and perseverance, will secure our triumph. Seeing the mettle we are made of, and the mood we are in, the Government itself will be relieved of embarrassment, will meet us half way, and concede to the professional masses both the grace and the good fortune of achieving their own emancipation. In times past, whenever "the medical service" has been dealt with as a part of Government by legislators and executives, it has been too much and too uniformly treated with contempt. If we fail now through disunion, the profession will only too well deserve the perpetuation—perhaps the branding in—of that contempt. That a Council, with a large representation of Crown nominees, can, nevertheless, not be trusted by the State, but must have a special check and supervisor to confirm or invalidate its decrees, proves how much even the most eminent and honoured names in the profession are a *caput mortuum* in the estimation of statesmen! It is high time that this standing or "sitting" reproach were wiped away from an honourable and learned community—learned in the highest sense, as comprehending some of the ablest scholars and profoundest scientific men of the age.

1. This is the first point, then, to insist upon in the new Medical Relief Bill—viz., the perfect independence of the Council, its validity for its own acts and decisions (no *imperium in imperio*), with uncontrolled power of carrying them into effect. If it seems good, let Government name half of the representatives, and put in men who will subserve its ends and obey its behests. But no appeals from this medical Sanhedrim to the Privy Council, which, having work enough of its own on hand, means simply setting up the image, and, more, the very reality, of a Medical Dictator behind the scenes. So arbitrary and unconstitutional a precedent must not be set in a free country like ours. This mode of doing things virtually by "*Intendance*" may suit a despotic Government; but even there it has failed.

2. That effete corporations, overruled by dominant interests, working for their own petty ends, and contending, too, among themselves which shall most minimise education and cheapen the entrance to the profession, should be left at the present time of day the only illustrations of the old, corrupt, exploded, "close-borough" system of representation, is a great anomaly and a crying scandal. But it is even many shades worse than this. It is equivalent to giving to town corporations and companies, as those of gas and water supply, the venerable Society of "Cordwainers," &c., the power of sending representatives to Parliament to fight their selfish and exclusive interests there at the expense of the masses of the people, who yet are denied all representation! There is "nothing like leather" certainly, and gas and water are good things; but this way is paying through the nose for such commodities.

Nineteen rival licensers standing at the great portals or the little postern gates of the Temple of Healing, cannot be supposed in the nature of things to be very sincere or very energetic co-operators in the needed reforms forced upon them by the progress of the times and the pressure of public opinion. Here there is all the more cogent necessity for the professional masses to take into their own hands the carrying out of their "Bill of Rights." But, in effect, have the parties at whose door abuses have arisen—the authors and upholders of the abuses—men who are themselves the *primum mobile*, the source and "head and front of the offending,"—have they any right to be consulted by Government? The very thing to be reformed has a voice and a power given to it to refuse and denounce reform. This is a pretty state of matters! Here the besom of the new Bill must make a clean sweep. No half-and-half or make-believe measures will suffice. The reconstituted Council must consist of very different elements; and in the discharge of duty, half the number will not only be just half the expense, but will also be one-half less resonant in word, and proportionately effective in work.

3. The one grand entrance hall, with its three doors of approach, is the next essential element in the new Medical Reform structure.

4. The one uniform minimum examination follows, as a matter of course, as the next indispensable feature of the Bill.

All these things imply the fusing down of the old metal of the corporations, and casting it into a new mould. Henceforth they are absorbed, disappear—

"Sparkle, exhale, and go to ——"

Now, Mr. Editor, to cut my letter short, the question at issue with the profession is, whether "THE LANCET Bill" or that of "The Reform Committee of the British Medical Association" be the more perfect and statesmanlike, the more fitted for the ends we have all in common. Here the good sense of the profession must not stultify itself. All impartial judges will admit the vast superiority of "THE LANCET Bill." Besides, it has taken the start of its rival in point of time; and the profession has made up its mind as to its merits, as well as to the demerits of its feeble, unsuiting, and inefficient opponent. Parliamentary men, as unprejudiced arbiters, must concede the palm to "THE LANCET Bill," as more thoroughly striking at the root of abuses, doing justice to the profession, and putting its honour, credit, advancement, and efficiency on a more enduring basis. The idea of the Association Bill giving half the representation to corporations about to collapse, and keeping up the lamented excess of talkers in the Council, has sealed the doom of that Bill with every thinking, spirited, and independent practitioner, belong he to the Association or not. Besides, the Association Bill assumes to be the voice of the profession; while, in reality, it only speaks for a very small portion, even if every member of that learned body voted for it. Very, very few, however, will be prepared, by endorsing that unfortunate Bill, to compromise themselves and the cause they have at heart. What remains, then, but that the Reform Committee of the British Medical Association, deeming "discretion the better part of valour," make a virtue of necessity, and magnanimously resolve to withdraw from a contest of suicidal impolicy.

I need not add one word more. For a little moment, among a few, by reason of friends or parties, the sympathies and suffrages of practitioners will be distracted by the rival Bills; but in the end sound reason, good feeling, and true patriotism will prevail, and nine-tenths of the profession will say, "THE LANCET Bill"—or nothing.

I remain, Sir, your obedient servant,

JOHN BALSIRNIE, M.A., M.D.,
Sheffield, Feb. 1st, 1871. Member of the British Medical Association.

AN ABSURD PRACTICE.

A PARAGRAPH has being going the round of the papers, saying that a favourable change has taken place in Lord Redesdale's condition, and that *the dog which attacked and bit his Lordship was immediately destroyed.* As a matter of common sense, it is tolerably plain to the meanest capacity that a dog which has bitten a man should always be preserved until its freedom from rabies can be positively affirmed. A nervous person might find materials of self-torment for years in the premature decease of a dog that had bitten him, and that was possibly mad. We much fear, however, from the tone of the announcement, that this and many other considerations of common sense or humanity were scattered to the winds, in awe-stricken astonishment at the presumption of a dog that could venture to bite a nobleman. A dog that has honesty enough to bite instead of fawning is a creature that many men might study, and even copy, with some degree of advantage, and we protest against the unnecessary slaughter of a valuable and possibly useful animal.

Dr. Campbell Black (Glasgow) is thanked for his communication; but the book on which his comments are based belongs to a class which we have no power to suppress. The book, indeed, has already been forwarded to us, with criticisms more or less severe, from a dozen correspondents, to whom we have had to make the same answer we now make to Dr. Black.

F. G. P.—It could have no influence whatever on the course of the vaccine disease, which in our correspondent's case probably did not succeed in consequence of its having done so previously.

Dr. John Broom.—The defect in the omission in Clause 42 is under consideration. We hope to insert the title of "Accoucheur" when the Bill comes before Parliament.

THE communication of *Dr. Bryan* (Northampton) shall be inserted next week.

THE SOUTH-WESTERN PROVIDENT DISPENSARY.

To the Editor of THE LANCET.

SIR,—My attention has just been called to your notice of the South-Western Provident Dispensary in your last number, in which you introduce my name "with regret" as the chief instigator for the ejection of this charitable institution from the neighbourhood. I beg to give an unqualified contradiction to such a statement. Whatever my private feelings may be as to the position taken by medical men in connexion with these pseudo-charitable institutions, I have no feeling of opposition to this especial dispensary; and I have recently—in reply to a written inquiry from the Secretary of this establishment, requesting my opinion on the working of the place—renewed the expression of my firm conviction, which I gave to him at the time of its establishment, that the locality selected for its habitat was ineligible and unsuitable; and I challenge any dispassionate person to visit Denbigh-street, and judge whether such dispensary, *used as it is for parish pauper patients*, can be *fairly* and *reasonably forced* upon the proprietors of private residences and the class of inhabitants of the surrounding houses. I therefore, as a leaseholder and resident, objected, and I do again object, that this institution is an intrusion on the rights of private property, *simply because it is out of place.*

In conclusion, permit me to observe that I am borne out in these opinions by every householder, including the two other medical men whose residences are immediately near, and to repeat what I have before said to the Secretary, that for a charitable dispensary suitably placed my energies and daily support are, and ever will be, at the service of the poor.

Your obedient servant,

G. BURTON PAYNE, M.D.
Charlwood-street, Belgrave-road, Feb. 22nd, 1871.

P.S.—While writing to you, a gentleman has called to ask me to add my name to a petition, numerously signed by the surrounding inhabitants, for the removal of the dispensary. Saving from your journal, this is the first intimation I have had that any active steps are being taken on the subject.

M.R.C.S., L.S.A., Registered, complains that unqualified men are sometimes sworn to give medical evidence in courts of law; and that qualified men sometimes call themselves by titles not appended to their names in the Register. He suggests that a Register should be kept in every court, and that it should be appealed to as a matter of course before medical evidence is received.

Physiology should refer to some of the latest text-books on Physiology—as, for example, Carpenter's System, edited by Mr. Power.

Ebor had better apply for superannuation to the guardians before tendering his resignation. He would do wisely to forward a copy of his application to the Poor-law Board.

Mr. J. H. Wilson is cautioned against going to advertising quacks, and is recommended to consult the nearest respectable practitioner.

THE AMENITIES OF LITERATURE.

M. P. GIRALDÈS, in writing to a medical contemporary on the bombardment said to have been committed by the Germans on the Paris hospitals, can hardly have been prepared for the editorial comments attached to his letter—comments which, for the credit of the English people and our own profession, he will not, we hope, republish in the French journals. Our contemporary, instead of leaving M. Giraldès' letter to speak for itself and falling back on the principle "Audi alteram partem," must needs deliver a homily on the originators and protractors of the war, whom he styles "the most luxurious, most thoughtless, most politically incapable people in the world; who, in the midst of a vast national disaster, upset the Government which had given France twenty years of unexampled prosperity. And to what end? In order that they might fall into the hands of the imbecile Favre, the half-monkey, half-Jew Gambetta, and the half-dervish, half-brigand Garibaldi!" Just as we are gaining the gratitude of the French for relieving their distress—just as we are undoing their resentment at our neutrality,—it has been reserved for a professional journal to express itself on the leaders of the national defence with a scurrility which no political paper has ever dared to adopt. We hasten to record our very deep regret that an English medical organ should have so far forgotten itself as to indulge in vituperation of men whose honesty and ability in their several walks still command the respect of their opponents, and who, whatever their shortcomings, are surely entitled to the sympathy which generous minds always extend to those who have fought gallantly, and have failed.

Megatherium.—We shall be glad to give our correspondent's paper every consideration. The subject of "Hill Climates" has received so much attention, especially of late, that we do not think it will be necessary to enter upon it again unless something new can be said. Of their advantages there can be no doubt. The question is, how, when, and in what cases they can best be procured.

A Civil Surgeon of Twelve Years' Standing.—It would, in our opinion, be unnecessary to insert the communication our correspondent has been kind enough to forward.

Public Vaccinator.—All public vaccinators are now paid for public revaccinations.

THE NAVAL MEDICAL SERVICE.

To the Editor of THE LANCET.

SIR,—The service will be pleased at your announcement that the Admiralty have filled up the vacancy in the pension list by the nomination of a very deserving Inspector-General, Dr. Johnston, and the majority will admit that to your aid this is mainly due.

It is difficult to understand why in medical affairs there is constantly this delay; for we all know that with the executives such a vacancy as this would have been filled up in a week, instead of after an unprofitable postponement of six months. Delays, always dangerous, are more so when inflammable materials have to be dealt with. This nomination restores the *status quo* as far as that form of pension is concerned; but, in addition to those for retired officers, there ought to be, for us as for the executives, pensions for officers on the active list in requital of good services. The Admiralty will do well at this juncture to establish as such for the corps, permanently, those that were given temporarily in April, 1809, raising the value according to relative rank with executive officers.

As to the Greenwich Hospital pensions which you state are to be given—one for a D.I.G. of £100 a year, and two for S.S. of £50 a year each,—it should be remembered that, in breaking up the establishment at Greenwich, medical officers alone were treated with less liberality than entitled to by Act of Parliament, and that a pension for an Inspector-General of equal value to one for a Rear-Admiral is due to the corps from that source, in addition to those you notify. In this way personal wrongs may work lasting benefit to the whole body.

There is, however, a still more important point to be set right concerning pensions—viz., that the restriction by which staff surgeons are prevented getting above £400 a year retirement, while their equals among civilian officers of the navy advance to £450, must be abolished, and that speedily, as it is so obviously unjust, and it is one of those things that strike the eye of young medical men, who at starting in life calculate on becoming staff surgeons, and not inspectors-general.

I am, Sir, yours faithfully,
February, 1871. A MEDICAL OFFICER.

A Friend to A.—It is impossible to give an opinion on an *ex-parte* statement. No one could tell what it would be legal for A. to do without an examination of the deed of partnership, or what it would be fair for him to do without a full knowledge of all the facts. Every partnership deed ought to provide against such difficulties by a comprehensive arbitration clause. We think A. could not be wrong in temperately expressing a sense of grievance, and in asking to have the questions at issue referred to friends for consideration.

Mr. E. C. (Widnes.)—The qualification in question entitles to practise and to recover fees as a general practitioner. It also suffices for Poor-law appointments.

A. K. C. L.—So far as the recorded opinion of alienists goes, we think that the children of a mother in whom dipsomania first appeared after the death of her husband and seven years after the birth of her fourth child are not necessarily doomed to insanity in later life. In the absence of such a diagnosis as an alienist could institute, we can only say that, by the law of hereditariness, the children of a dipsomaniac mother are more likely to contract that disease than those of a mother not so affected.

Mr. F. E. Ryott (Newbury, Berks) is recommended to communicate with the Secretaries of the various Medical Societies, metropolitan or provincial.

"THE ANIMAL WORLD."

WE had occasion to welcome this publication on its first appearance, and we have now received a copy of the first volume of this advocate of humanity. The illustrations are excellent. It is cheap, and a capital book to place in the hands of the young. When thoughtfully considered, the suffering for no sin is one of the great mysteries of the world. Why should animals which contribute so much to our everyday wants and happiness have to suffer the barbarities of vicious, morose-tempered, or thoughtless people? Ruskin, in one of his most eloquent passages, dwells on the mystery underlying the life of a cab-horse and that of its master. Nature, we know as naturalists, is often red-handed. The "survival of the fittest" involves the suffering of the weak, and thus is a witness of the truth that all creation groaneth and travaileth under the present dispensation; but it ought to be the aim of the Christian, at any rate, to train himself in the principles of humanity, and it is especially easy to do this in the case of the young. Coleridge expressed a pri...and truth when he said—

"He prayeth best who loveth best
All things both great and small."

Ohr, (Glasgow.)—1. Mr. Hinton and Dr. Allen, of Savile-row.—2. Let our correspondent make his request to one or other of them.—3. The article by Mr. Hinton in "Holmes's System of Surgery," and the volume by Dr. Allen just published.—4. There is no doubt that the gentleman referred to by our correspondent has made a special study of, and possesses much practical acquaintance with, the subject.

A Non-Medical Reader had better consult a respectable surgeon in his own neighbourhood. The disease is in all probability remediable by a simple operation.

REVACCINATION IN INDIA.

To the Editor of THE LANCET.

SIR,—In reference to a communication in your last issue from Dr. Dickinson, relative to revaccination in India, permit me to say that whilst in Calcutta in the winter of 1864, small-pox was very bad in that seaport; consequently I determined to try revaccination on those of the crew under my care who would consent to have it performed. I vaccinated with vaccine lymph, obtained through the kindness of Dr. Charles, of Choringhee, Calcutta, about eighteen persons, from capillary tubes and lymph between plates of glass; but I regret to state I had not a satisfactory result in any of the cases. To make the matter more peculiar, two of the parties were never vaccinated before. I was also vaccinated by my friend Dr. Brew, of the P. and O. service, with the effect of giving me a very sore arm for nearly a week, but no proper vesicle resulted. Several of the parties I vaccinated had very ugly sores as a consequence. One in particular had his arm swollen about double the size, the lymphatics evidently being engaged, as shown by the red streaks running up the arm. The irritation in this case lasted a considerable time, the man being off duty for fully a fortnight. This is all the practical experience I have had of vaccination in India; but it is sufficient, in my opinion, to lead me to infer that revaccination in that country, to be successful, should take place direct from the arm, and not from lymph stored in tubes, which I fancy the extreme heat, averaging 90°, may in some measure deteriorate and render unfit for the purpose required. Yours truly,

Dublin, Feb. 21st, 1871. CHAS. H. ROBINSON.

THE LANCET BILL AND SINGLE QUALIFICATIONS.

T. H.—Our correspondent perfectly coincides with our Bill, excepting the clauses referring to single qualifications. But he has not clearly perceived the design of these clauses, and we feel sure that when he does so he will like the Bill all the better for them. He will see that by Clause 35 he is entitled to be registered in virtue of his present qualification. By his own showing, this is an imperfect one, and does not fully qualify him for public appointments. Now, with the simple view of helping men of considerable standing perhaps, but with only one qualification, to put themselves into a position of perfect qualification, Clause 26 is inserted. Our correspondent will see that we interfere with him in no way. He is entitled to registration *under the principal Act.* A special provision is made for facilitating his complete qualification; but he need not avail himself of this unless he pleases.

Mr. J. B. Roberts.—It is our wish to allow fully for the value of any qualifications held; and we think Clause 26 provides for justice being done to persons who hold diplomas or degrees which, though not technically qualifications in all branches, are virtually proofs of competence in all. The value of single qualifications varies very much. Some authority must decide the value of each, and the kind of examination, if any, needed to complete the proof of competence in branches of professional knowledge not covered by the single diploma or degree possessed. And the Medical Council or one of the Branch Councils seems to us the proper authority. It should be remembered that the General Council or any Branch Council under our Bill would be an impartial and disinterested body. We do not differ from our correspondent, and would carefully consider any modification of Clause 26 which he may send us.

W. G.—Our reasons are given in last week's LANCET. Dr. Seaton says that the tubes should not be filled more than from one-seventh to one-half; but we have such a fear of injuring the lymph that we think it better to restrict the maximum quantity to one-third.

Mr. E. J. Goodman, (Leeds.)—Thanks.

A Junior Practitioner, (Cheshire.)—Of course the extract conveying the so-called useful knowledge is great nonsense, and very mischievous nonsense too; but its author would be impervious to any remarks of ours. Happily one thing is clear: the Legislature and parochial authorities have been so alarmed by the extent of the epidemic, that the practice of vaccination and revaccination is not likely, let us hope, to be neglected for some time to come.

SMALL-POX IN HULL.

MR. BROWNRIDGE, Surgeon, and a brother Town Councillor, have made a very interesting report of 25 cases of small-pox occurring in the district of East Sculcoates. The cases are confined to twelve houses, thus: In one house, 7; in a second, 4; in a third, 3; in two, 2; and in seven there was 1 in each. The cases carried the usual moral as regards the advantages of vaccination. In no case, except where there were more than one in a house, could contact with infected persons be traced, and Mr. Brownridge attributes the outbreak to atmospheric causes. Here we cannot agree with him. It is not easy to explain such a local outbreak on an atmospheric theory; and, even if the mode of contagion cannot be traced, we have no doubt that it is direct, and not through the general atmosphere.

Mr. W. Hope, (Newcastle-on-Tyne) is informed that the report of Dr. Heath's case will be printed as soon as possible after its receipt.

OUT-PATIENT HOSPITAL REFORM.

To the Editor of THE LANCET.

SIR,—Kindly allow me to acknowledge the following sums towards the expenses of the Out-patient Hospital Reform Committee:—

Dr. Montague Thomas	...	£2	2	0	Dr. Ramsay	£0	5	0
Alfred Cooper, Esq.	... ...	1	1	0	Dr. Payne	0	5	0
George Lawson, Esq....	...	1	1	0	Dr. Samelson	0	5	0
Dr. Symes Thompson	...	0	10	0				

Your obedient servant,

George-street, Hanover-square, Feb. 1871. ALFRED MEADOWS.

M.D. (Liverpool) inquires how the Governors of Guy's Hospital became invested with the patronage of the living of Peter Church in Herefordshire, and whether the first patrons were originally possessors of property in that neighbourhood.

BRITISH MEDICAL QUIESCENCE.

It will be in the recollection of our readers that last year, when the Medical Reform agitation was at its height, and the lobbies of the Houses of Parliament were besieged by eager doctors, chiefly from Ireland, the *British Medical Journal* resigned itself to a lengthy, if not exhaustive, discussion of the medical and physiological aspects of the custom of total abstinence from alcoholic drinks! On the present occasion we observe no equivalent leading topic of discourse; but the subjects which interest the medical public are none the less conspicuous by their absence from its columns. *The Times* has directed an altogether mistaken attack against the profession; but the organ of the Association has no word to say in denial or defence. We have all heard of a masterly inaction; but there may be inaction that is not at all masterly, and that bears some resemblance to what was called, in the early days of the American war, a "strategic movement towards the rear of the position."

Mr. Richard H. Williams.—Our opinion of the propriety of revaccinating pregnant women was not given unadvisedly, and is in accordance with common sense and the views of the best authorities. It is not altered by the theoretical quotation which our correspondent sends us, and he does not supply any facts against the practice from his own experience.

Mr. Gordon is recommended to consult his private physician. We never prescribe.

COMMUNICATIONS, LETTERS, &c., have been received from—Dr. Rutherford, Edinburgh; Mr. Partridge; Dr. Richardson; Mr. Jas. Lane; Mr. Gant; Dr. Donkin, Sunderland; Mr. Henry Lee; Mr. Marshall; Mr. J. Greene, Birmingham; Mr. Brown; Dr. Martin; Dr. C. Black; Mr. Jones, Brixton; Dr. Monson; Dr. H. F. Marshall; Mr. Robinson; Dr. Grant, Longton; Mr. Winterbotham, Cheltenham; Mr. Smith, Tipton; Mr. Clark, Dover; Dr. Wetherfield; Mr. Woodward; Mr. Bellamy; Mr. Williams, Truro; Mr. Gardner, Ware; Mr. Wallace, Wellingborough; Mr. Fry, Canterbury; Dr. Brooks, Stoke-on-Trent; Mr. Watts, Frome; Mr. Carey; Dr. Broadley; Mr. Reeves; Dr. Mansfield, Sandgate; Mr. Stoker; Messrs. Domeier & Co., Berlin; Mr. Sharpe; Mr. Chapman, Preston; Dr. Fergus, Marlborough; Dr. Sullivan, Carlisle; Mr. Burge; Mr. Raven; Mr. Deacon; Mr. Foost; Mr. Wilson; Mr. Remington; Mr. Hansford; Dr. F. Page, Newcastle; Dr. A. Meadows; Mr. Gordon; Dr. Gabb, Cheltenham; Mr. Whitfield; Mr. Head; Dr. Griffith; Dr. Wardleworth, Bury; Mr. R. Perrey, Marden; Dr. Payne; Dr. Madden; Mr. Crowmer; Mr. Procter; Mr. E. Robertson; Mr. Cummins; Dr. Allbutt, Leeds; Mr. Thompson; Mr. Morris, Swansea; Dr. de Renzy, Kingstown; Mr. Johnson, Shiffnal; Dr. Broom, Sheffield; Mr. Morison; Mr. Watson; Mr. Kendall, King's Lynn; Dr. Charteris, Hipperholme; Messrs. Southall, Son, and Dymond; Mr. Grant, Maidstone; Dr. Liveing; Mr. Jennings; Mr. Hyde; Mr. Benham; Mr. Stephenson; Mr. Thorn; Dr. Marley, Bromyard; Mr. Bink; Dr. Scobell, Auchnacraig; Dr. Williams, Wrexham; Mr. Cooper; Mr. J. Stothard; Mr. Goldie, Manchester; Mr. Turner; Mr. Wilmore; Mr. R. Denby, Falmouth; Mr. Greer, Shirley; Mr. Jones, Leeds; Dr. Fraser, Gosport; Mr. Howick; Dr. Ogle; Mr. Wilkinson; Dr. Barclay; Dr. Gayton; Dr. H. Campbell; Mr. Wood; Dr. Yewen; Messrs. Wood and Co., New York; Mr. Jebb; Mr. Parker; Mr. Holl; Mr. Hope; Mr. Thomas; Mr. Bailliel; Dr. Fox, Broughton; Dr. King, Balham; Mr. Morgan; Mr. Hodges, Birmingham; Mr. Visetelly; Mr. Eyott; Mr. Lord, Hampstead; Mr. Orchard, Kingussie; Dr. Wright, Dover; Mr. Callow; G. R. R.; Surgeon; H. G. P.; Royal Institution; M.D.; L. H. D.; Ebor; Medicus; A Hon. Subscriber; P. P.; E. R. P.; E. J.; Kappa; Vigilans; &c. &c.

Dover Chronicle, South London Press, Merthyr Express, Tiverton Gazette, South-Western Gazette, Londonderry Journal, British Press, Examiner, Glasgow Herald, Brighton Guardian, Newcastle Daily Journal, and *Western Mail* have been received.

Medical Diary of the Week.

Monday, Feb. 27.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ST. MARK'S HOSPITAL.—Operations, 2 P.M.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.
ROYAL COLLEGE OF SURGEONS OF ENGLAND.—4 P.M. Prof. W. H. Flower, "On the Comparative Anatomy of the Teeth of the Mammalia."
MEDICAL SOCIETY OF LONDON.—8 P.M. Mr. J. W. Barnes, "On a Case of Suffocation by a portion of Orange lodged in the Rima Glottidis."—A communication from Prof. Erasmus Wilson.—Mr. John Pennefather: "Obstructions of the Eustachian Tube."—Dr. Edwards Crisp, "On Small-pox; its Prevention."

Tuesday, Feb. 28.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
GUY'S HOSPITAL.—Operations, 1½ P.M.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
ROYAL FREE HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Dr. Foster, "On Nutrition of Animals."
ANTHROPOLOGICAL SOCIETY OF LONDON.—8 P.M.
ROYAL MEDICAL AND CHIRURGICAL SOCIETY.—8½ P.M. Dr. Althaus, "On Neuritis of the Brachial Plexus."—Dr. Hilton Fagge, "On the Sporadic Cretinism occasionally seen in England."

Wednesday, March 1.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
ST. THOMAS'S HOSPITAL.—Operations, 1½ P.M.
ST. MARY'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 2 P.M.
GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
LONDON HOSPITAL.—Operations, 2 P.M.
CANCER HOSPITAL.—Operations, 3 P.M.
ROYAL COLLEGE OF SURGEONS OF ENGLAND.—4 P.M. Prof. W. H. Flower, "On the Comparative Anatomy of the Teeth of the Mammalia."
ROYAL MICROSCOPICAL SOCIETY.—8 P.M. Mr. James Bell: "Notes on the Microscopical Examination of Water for Domestic Use."
ROYAL MEDICAL AND CHIRURGICAL SOCIETY.—8 P.M. Annual Meeting.

Thursday, March 2.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ST. GEORGE'S HOSPITAL.—Ophthalmic Operations, 12; other Operations, 1 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Dr. Odling, "On Davy's Discoveries."
HARVEIAN SOCIETY OF LONDON.—7 P.M. Council Meeting.—8 P.M. Dr. Tilbury Fox, "On the Lichen Planus of Wilson."

Friday, March 3.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
ROYAL COLLEGE OF SURGEONS OF ENGLAND.—4 P.M. Prof. W. H. Flower, "On the Comparative Anatomy of the Teeth of the Mammalia."
ROYAL COLLEGE OF PHYSICIANS.—5 P.M. Gulstonian Lectures: Dr. Gee, "On the Heat of the Body."
ROYAL INSTITUTION.—9 P.M. Capt. Noble, "On the Pressure of Fired Gunpowder."

Saturday, March 4.

ST. THOMAS'S HOSPITAL.—Operations, 9½ A.M.
HOSPITAL FOR WOMEN, Soho-square.—Operations, 9½ A.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL FREE HOSPITAL.—Operations, 2 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Prof. Jowett, "On Socrates."

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